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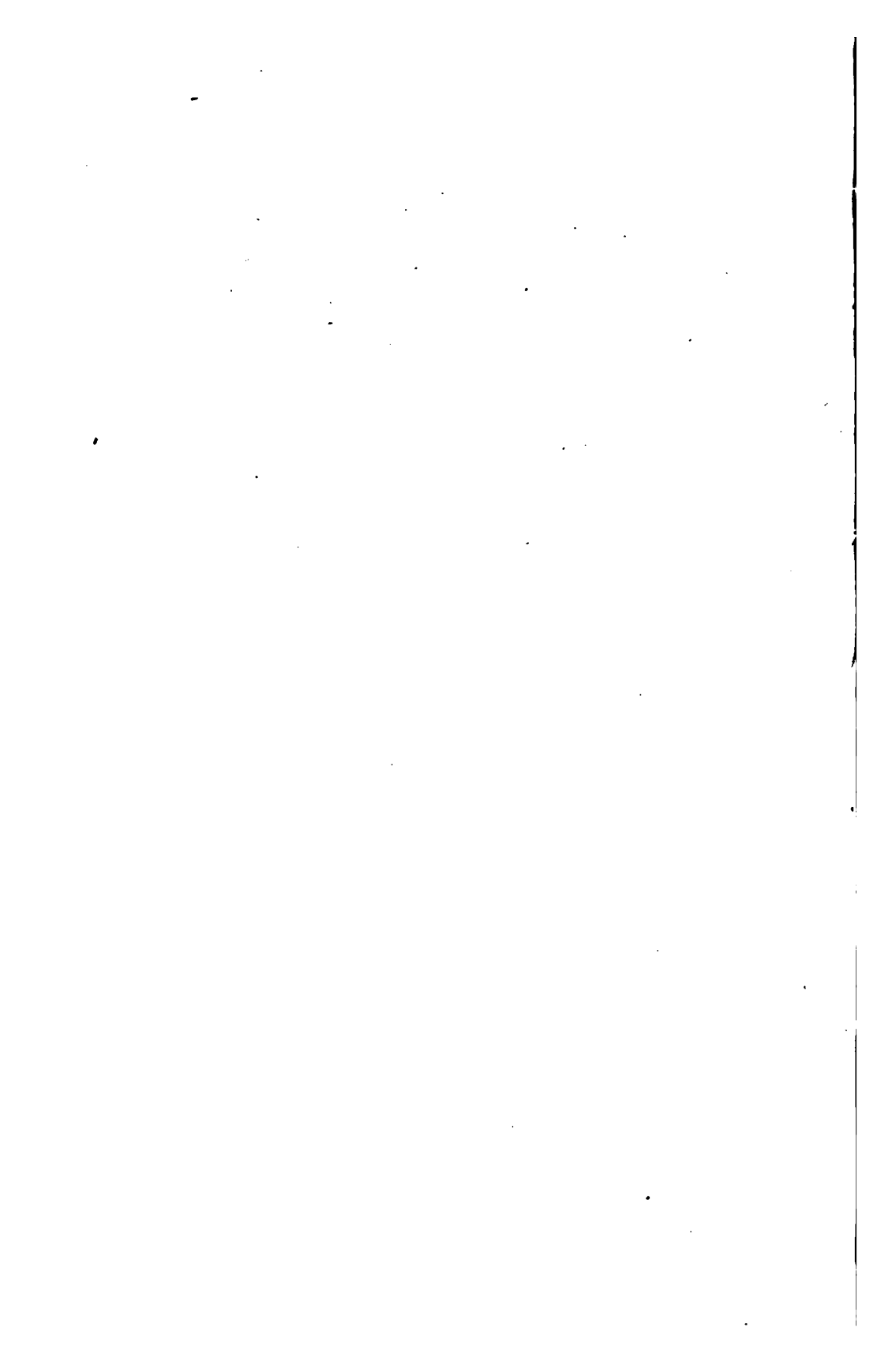
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[No. 1.

ARTICLE I.

Address delivered before the American Society of Dental Surgeons, at their Sixth Annual Meeting, held in the City of New York. By ELEAZAR PARMLY, M. D., President.

*Gentlemen, and Respected Colleagues
of the American Society of Dental Surgeons :*

I am happy in having the pleasure of meeting with you, and of seeing so many of my professional brethren once more together, at the Annual Session of our highly valued Institution.

Having now completed thirty full years in professional study, and labor, it is to me a most gratifying sight, to see assembled around me, men from various parts of this country, who are well known for their general intelligence and personal worth, for their strict truth and moral integrity, and for their high attainments in professional learning and manual practice ; particularly when I remember that at an early period of my professional life, I travelled from Philadelphia to New Orleans, through the western and southern states, without meeting but one dentist who had any pretensions to an acquaintance with the science or practice of Dental Surgery, and that one was A. J. Shymanski, a well educated Polish gentleman, of the highest respectability in his own country, and distinguished here by all who knew him, for great moral worth, refined intellect, amiable and correct deportment, and who was really the first and only den-

tist of gentlemanly and professional attainments, that I saw during that long journey, and such an one as was rarely met with in that day, away from the larger cities. And when I remember too, that it is but six years since the late venerable President of this Society, travelled from Baltimore to Boston, *without success*, in an attempt to arouse his professional brethren, to the importance of a national society, there being at that time a local one in this city, which had been for some time in successful operation, in a free interchange of views and opinions among its members, at their social meetings; and occasionally having lectures on the most important subjects, connected with dental practice. The local organization, as most of you are probably aware, became extinct, in the greater magnitude, superior advantages, and higher popularity of our favorite and fondly cherished Institution, in the same manner as the faint glimmering of the star of the morning becomes invisible in the brighter light of the rising sun.

This great and auspicious revolution has been effected by our united efforts, at the suggestion, and earnest, urgent instigation of one of our fathers, who is now asleep. The indefatigable HAYDEN, whose name I mention, not only with respect, but with feelings of veneration, lived to see his favorite Institution, in the full career of successful experiment, and when his days were numbered, he transmitted it to us and to posterity, for support.

He cherished the opinion that is entertained, I trust by all who hear me, that every important and useful profession among men, requires *organization*, by which is denoted a system of mutual instruction, protection, support and encouragement. The profession of the law, has its organization and instruction, in its *law schools*, its *legal journals*, *reports*, and associations. The interests of husbandmen, are cherished in their state and county agricultural societies, and by agricultural newspapers, and other periodicals, by which the present age is fortunately distinguished. The practitioners of general surgery and medicine, know well the advantages resulting from their medical societies, medical journals, and laws of professional etiquette.

All these, and other bodies of men, engaged in the same call-

ing, have also the sanction and the protection of the laws. But it has fallen to the lot of dental surgery to be left wholly to its own *self-protection*. It would seem that legislatures, with a few honorable exceptions, prefer that their constituents should endure all the evils of quackery, rather than enact wholesome laws for their protection.

It is not a little remarkable, that the Spanish government, in its American colonies, and perhaps also in the mother country, pursue, in this respect, a much more enlightened policy, than our own boasted republic. There, a regular education and a diploma are just as necessary to dental as to medical practice, and those of our countrymen who have been there, have been obliged to go through a rigid examination.

In most of these United States, the community is left wholly uninformed, and unprotected in a department of surgical practice, which is in far greater demand, than what is called general surgery.

The objects of this society will never be fully attained until its influence shall have been so exerted, as to bring dental practice under the protection of law and order, as has been done in the state of Alabama, by the wisdom of its legislature. But this auspicious event in that favored state, was brought about, mainly, I believe, by members of this national society, acting under the influence which this body has been able to exert, through its annual meetings, and its periodical journal. Every additional state which can be induced, by the members of this society, within its borders, to adopt the same enlightened policy, which has given the death blow to dental empiricism in the above named state, will add strength to the movement; and it is not too much to hope, from the advancement of the past thirty years, that the next thirty will bring all, or nearly all the states of this republic, into the same fortunate and much to be desired condition. And if this shall be the desirable result, it must be mainly owing to the vigorous exertions of this association, and of state societies organized for local purposes.

To effect this object, I can imagine no more successful measure, than to secure the interests of some of the influential members of our state legislatures; or if some members from our

own profession could be elected, such practitioners as would be able to subserve the general objects of legislation, as well as the object we have in view, our wishes might be accomplished.

Physicians are frequently sent to our legislative bodies, with very great propriety; and why not dental surgeons, in order that all the great interests of society may be properly represented? for, in this case, it could be easily shown, that the *public* and not *individual* good was our great object.

The Journal is our most effective, direct and universal medium of professional information; all the learned, reputable and useful professions or callings have their *periodicals*; this is, indeed, an *age* of periodical literature, and our Journal has been acknowledged to keep pace with the *spirit of the age*; and I think it should be one of the first objects of our present session to endeavor to adopt the measures necessary to impart new vigor, and give increased circulation to this valuable work. We are certainly able, among the members of this association, to constitute an editorial corps, which shall do honor to the association, to the profession, and to the science of dental surgery. But I would here remark, that there are but very few of those who feel pleasure in reading the Journal, that are aware of the time and labor that is bestowed upon it by its editors. So far, their labors have been gratuitously given, for the general good of the profession, prompted by the noble desire to elevate the standard of professional excellence, particularly in this country. But we have no right to expect this always to be the case; therefore some means ought to be devised, by which the Journal could be made to yield to the editors some compensation for their labors; and, besides the pleasure they feel in disseminating useful information, and the interest they have in the general welfare of the profession, that they might also otherwise feel encouraged to devote their time and talents to the work. All that are engaged in the profession know that "time is money;" and it may so happen, that that very time is all the means at their command to support their families, and ought, therefore, to be compensated; and, as an act of justice, we ought, if possible, to adopt measures by which the Journal can be made to yield a handsome profit over and above the expenses, and that profit should go to reward editorial drudgery.

It ought to be remembered, that the more we can extend the circle of correct professional information, the more good and efficient dentists we shall have among us, and although all may not become members with us, the community at large will receive the benefit resulting from the experience of the best and ablest practitioners in the art, which will be diffused through the pages of the Journal, and which has already been felt by hundreds of our professional brethren, in all parts of the country, many of whom have become fellows and associates of the American Society of Dental Surgeons.

I have been informed, that the present price of the Journal prevents some from taking it; and that there are others scattered through the country, who are unacquainted with the terms and requisitions of the society in order to become members, who are out of the way of the circulation of the Journal, and who need correct information, both in relation to that, and to the condition and state of the society. Those who have always resided in the cities know but little of the great want of general information on subjects connected with our professional practice; nor are they aware of the pecuniary embarrassment and difficulties with which dental operators have to contend in the interior towns and villages. Therefore, the wants of the people, as well as the profession abroad, require a helping hand from this society.

These considerations, with others, which time will not allow me to enumerate or enforce, will, I trust, incline our hearts to regard all those whose welfare has been entrusted by its founders to the fostering auspices of this society.

Before I dismiss the subject, on which I should be glad to dwell at much greater length, I must ask your indulgence while I say that, among the many reasons for mutual congratulation, we have at this time connected with the operations of this society, the elevation of the principles of our art to the dignity of a science, by embodying them permanently in our Journal, deserves particular notice in this place. It has now reached the completion of its *fifth volume*. Thirty years ago the man would have been thought insane, who should have predicted that the dental profession in the United States would become so respectable, and so extensive in 1845, as to have sustained a periodical

which should have issued five large and beautiful octavo volumes, with a fair prospect of perpetuating the work for the benefit of posterity.

One thing is evident, that our successors in dental practice, will either continue this or some kindred work, or acknowledge, by their neglect of such a publication, that the present period has been really the *Augustan age of Dental History*.

Either alternative will confer sufficient honor on those talented and spirited individuals who have so benevolently embellished the pages of our Journal with the vigorous efforts of their minds, as well as on those who have sustained the publication from year to year by their liberal contributions.

For my part, I regard it as a high honor to have been connected with the profession of dental surgery, at a period, the achievements of which are thus *distinguished* and *enviable*—especially when I reflect that the actors in these achievements have been my *friends* and *companions*.

As one of our patriots said of the constitution of the United States—"It must be preserved,"—so will every true lover of our art, and of its usefulness in society, say—*The American Journal and Library of Dental Science* MUST BE PERPETUATED.

But whether it shall be continued in its present form, and at its present price—or whether it shall be reduced in the quantity of reading matter, and issued more frequently at a lower rate, are matters to be submitted to the wisdom of the society. There can be no doubt but that in its present form much valuable matter remains with many *unread*, which would not be the case, to the same extent, if smaller numbers were issued more frequently.

There is one other matter which I think might be acted upon with very great advantage, and which would be likely to secure to us legislative aid; and that is, if a committee could be appointed to draft and offer good and wholesome rules which the whole society could approve, by which dentists should be governed in their practice—setting forth the requisite qualifications, to entitle them to public confidence—so as to place empiricism on the same footing, in relation to dental practice, that it now has in general surgery and medicine. Our legislative bodies would at once see the incalculable benefit of it, and would, I be-

lieve, enact such laws as would protect the public from the most flagrant abuses that ever disgraced individuals in any calling—for all who are in general practice can testify, that our state prisons have many inmates in them, for incomparably less crimes than are daily perpetrated by the Crawcourean host of wholesale swindlers on the honest industry, and unsuspecting simplicity of the dupes to their artifices. And the extent of these abuses are only known to the regular practitioners, who are afterwards called upon to remedy, or correct, so far as they can, the evils thus committed, which unfortunately oftentimes are beyond their power.

A well drafted and well digested set of rules, regulating the admission of men to dental practice, and governing them in their practice after they were so admitted, would do more good to the profession, and to the community at large, than any other step that could be possibly taken. I would, therefore, if it should meet the views of the society, cordially recommend it to be acted upon at the present session. And if the legislature will do nothing more than merely to regulate the conditions by which members shall be admitted to practice—although trifling as the regulation might seem—it would serve, at least, to draw a line of distinction, which the public would understand, between the regular members of the profession, and the quacks who disgrace it. This would be an important point gained, because it would enable the public to form some conjecture as to the qualifications of those they employ, and to whom they entrust organs so important to their health, peace, and comfort—to say nothing of their inestimable value to beauty and to personal attraction.

The position which this society has assumed in the public eye, requires of it that something shall be done for the general welfare; and I am convinced that the greatest obstacle in the way of the general usefulness of the profession is found in the degradation both of professional charges and dental practice, by men who work for *nothing*, because their work is worth *less* than nothing. While such men are abroad, more numerous and pestilential than the frogs of Egypt, it is vain to expect that respectable and well-qualified dentists can obtain respectable support in the towns and villages of our country. It will be only

in a few large cities that good practitioners can sustain themselves. Unless some measures are adopted, the character of the profession will be more and more degraded in the eyes of the community—whilst ignorant mountebanks and swindlers will perpetrate, unchecked, their miserable and unprincipled malpractices on the easy credulity of man, but more especially and more successfully on womankind.

There is a means by which much good might be done by the members of this association, in enlightening the public mind as to their real and true interests; and that is, by having embodied, in a few plain precepts, the general principles of dental practice—with short but comprehensive rules for the government of individuals, of all ages, in the management of their teeth. A small pamphlet containing precepts of example and instruction, issued from the united wisdom and experience, and by the authority of this society, would do much in governing people as to what they should have done, and at the same time cautioning them as to whom they should employ to do it.

If the principles and practice of dental surgery could be thus brought out, in a number of precepts, so condensed, as to occupy but little space, as it would at once be seen that the object was public good, benevolent and philanthropic editors would no doubt republish them for the good of their patrons, and thus thousands of copies would obtain immediate circulation, to the great advantage of suffering humanity. And as the expense would be but small, the members might circulate them freely among all classes of people, and thereby set forth the *uses* and *abuses* of dental practice, of which the public at large, for want of correct information, are almost wholly ignorant.

It appears to me that such a thing, under the sanction and approval of the society, would do more to suppress the quackery and imposture that now prevail, to a most alarming degree, than any other practicable plan of equally easy execution.

These precepts might, with propriety, embrace—what should be the character and qualifications of the dentist to be employed in the care and management of the teeth—the care that should be bestowed on the first as well as on the second set of teeth—the anatomical structure and chemical analysis of the teeth, in

order to show what would prove hurtful to them—the operations which they require, and the time for these operations, and the means to be employed in performing them, and the materials to be used—the bad effects of having, and the total want of honesty in using improper materials for stopping teeth—and the ruinous effects of using improper substances for cleaning the teeth—and proper directions for their care and preservation. These precepts or rules might be extended to as many as would express fully our united views in relation to the subjects embraced.

Having, in Europe and in this country, passed through thirty years of unparalleled success, I will, more especially for the benefit of the younger members, in a few words, state what has been my experience as to the causes of failure and success in dental practice.

During that period I have known some that have commenced with all the advantages that the most favorable circumstances could throw around them; and have seen them for a time followed with the most flattering success—but being too much flattered by success, they were, in their vain imaginations, soon elevated above their true positions; and then, rather than stoop to the calls of professional duty, in their lofty elevation, they struck against the unyielding bars of pride and arrogance; beneath which they fell, and from the fall never rose again.

Others, beginning in the same way, after a few years of success, have considered that dentists were rather lightly esteemed by the aristocracy of our land of equality, have been dissatisfied and changed their occupations; and although some of them have for a time been successful in their new pursuits, (and in one instance, in particular, one of my early friends, an exceedingly clever man, William S. Parrott, was at one time possessed of immense wealth, and rose to high official distinction under our government, and was also an eminent merchant and banker in the city of Mexico,) yet, as far as I am acquainted, they have all failed of the accomplishment of the objects of their pursuit.

Others, again, have taken up the profession, and have attended to the practice as a kind of menial occupation, which they only performed in order to live; but from their family, education, and

consequence, always considered themselves far above it, and felt their dignity touchingly invaded by the drudgery of professional labor; thereby making their professional character altogether inferior and subservient to that by which they wished to be known and regarded among men.

Others, again, without knowledge, honesty, or truth, have, by imposture, fraud, and intrigue, imposed upon the world, and have obtained the means of living for a time in the most corrupt and licentious practices, until their excesses put a period to their earthly, as well as to their business career.

There are others who have been well instructed, and have possessed a high degree of professional skill and dexterity in their operations, but have been so totally void of truth and integrity—betraying the confidence of their patients, and disappointing them in their expectations—that they have wholly failed of success; bitterly complaining at the same time that their merits were not discovered, and their learning, talents, and skill were not known and fully appreciated.

Those that have succeeded, and the proportion is small of the whole number, are they that, with steadiness of purpose at the outset, made themselves acquainted with the theory and practice of their art—with its requirements and duties—with its obligations and responsibilities—and never swerved from them; who, by an undeviating course of integrity and truth, secured the confidence of their friends and patrons, and never betrayed or lost it—who never considered any professional claim, whether made by the high or the low, the rich or the poor, as beneath their notice—who felt proud of the profession that was giving them distinction, instead of believing that they were honoring the profession by their transcendent talents and professional grandeur—who, faithfully and honestly, performed every duty; feeling that the services rendered by them were more than equivalent to the money received—who have pride of character and moral worth enough, not to descend to the vile and dishonest practices of charlatans and robbers, because they might and because the *Crawcours* did make money by them.

I therefore would earnestly recommend that you, my respected young friends, adopt in your practice, and carry out in your lives

those principles which have been found so eminently successful with those that have observed them; and, although you may meet with many obstacles at the beginning, by perseverance you will overcome them, and ultimately attain to the first walk in the profession in which you are engaged—securing, day by day, and year by year, the confidence, respect, and friendship of the community in which you live, as well as, more especially, that of your professional acquaintance and patrons.

I wish, farther, to be permitted to make a remark or two on a matter of business that necessarily comes before us at our annual meetings—that is, in relation to the election of members. I do not approve of the practice of any who use mercury or quicksilver as an ingredient for stopping teeth, and would not privately recommend any one to go to such. Why, therefore, should they have the sanction and influence of the society to assist them in carrying out what we know, and what they admit, is not the best practice in dental surgery?*

What should we think of a surgeon, who, on being applied to treat a wounded hand, would say—"I have a remedy that will cure it, but it is expensive. I will, therefore, dress it to-day, *without the least pain*, with a little cooling adamantine plaster, which (although it will poison a little) will not cost much." And, in consequence of which, the man, in a short time, loses his hand; and the surgeon knew it most likely would be so, when he applied the plaster. Could we suppose that any medical society would retain such a man as a member. And with such a man, I rank all who say that "mercury and silver, or zinc and mer-

* The admission of Doctor Baker yesterday, who is not only one of the oldest, but one of the most highly respectable dentists in the country, who has not only used it, but has thought so well of it as to recommend it to others, is beyond price to us in the effort we are now making to suppress its use. He admitted before you all that it is "*a bad filling*"—that it is "*the worst kind of filling*"—that it is a "*nasty filling*"—"and that it is the worst thing in the world to fill teeth with, except as a filling for the mere shell of a tooth that will bear nothing else." Such an admission from such a man as Dr. Baker should make the face of every honorable man blush to own that he uses it, or to give the slightest encouragement, or in any way sanction its use.

cury, is as good as gold, and half the price," and who have been known to take out gold stoppings, and insert their amalgam instead. Such men, instead of dentists or dental surgeons, should be called succedaneum or adamantine cement tooth plasterers—for they deserve no better name.

If it is an advantage to the honest and conscientious practitioner to belong to, and to obtain the certificate of the society, in order to enable him to secure the confidence of the public, it is also an advantage to the dishonest and unprincipled practitioner, in order to secure for him the same confidence, to enable him to carry out his impostures. The public, in both cases, relying upon the integrity of the society for the character of the individual who bears its name. And thus, instead of correcting the existing evils, we should be adding to them, by having members who would not practice in accordance with the most highly approved principles of dental practice, as known, understood, and approved by this society. And if it permits the introduction of such men among its members, I must beg leave most respectfully to withdraw from the body, for I could not conscientiously sign a certificate of the society to be used by one to whom I would not give a private letter, recommending his practice. And I do not know by what rule of justice, we could give a man a passport to the confidence of strangers, that we would not introduce and recommend to our friends.

I would not associate with me in private practice any man who would use, or recommend to be used, an amalgam of mercury and silver, for stopping teeth, under the imposing names of succedaneum, mineral paste, diamond cement, adamantine cement, &c., &c. And the men who use this under these names, and at the same time say that crude mercury does not enter into its composition, I unhesitatingly say do not speak truth; and I challenge the whole catalogue of them to come out, and defy them to prove what they assert in private, and also in their public advertisements, wherein they shamelessly and unblushingly say, that it is not what I here most positively declare it to be—a base compound, chiefly composed of mercury and silver, or zinc, wholly unfit for the exceedingly nice and important operation of stopping teeth. It will, therefore, be very necessary that

we examine carefully into the character and intentions of those whom we may admit as our fellows and associates. And I cannot better conclude these remarks, which have already gained greater length than may be deemed profitable, than by using the words of our late venerable, respected, and revered President—the wisdom and truth of whose sayings, we are, in our experience, daily proving; and in relation to this particular point, said at our first meeting—"Gentlemen, if you would make your society respectable, and would have it esteemed so by the world, do not be hasty in electing your members, but be careful and judicious in selecting those whom you would admit into your ranks."

ARTICLE II.

Dissertation on Practical Dentistry. Read before the American Society of Dental Surgeons, at their Sixth Annual Meeting, held in the City of New York, August, 1845. By E. J. DUNNING.

HAVING been appointed by this society, at its last meeting, to read an essay on the present occasion, a sense of duty impels me to the performance of a task from which other considerations might cause me to shrink.

There are those around me whom I have the honor of greeting as brethren of the dental profession, whose years of experience, as operators, outnumber those of my whole life; whose youthful vigor, and maturer strength of mind and body, have been spent in unfolding the mysteries of dental disease, and discovering its remedies, in culling from the mechanic arts, the laboratory of the chemist, the cabinet of the mineralogist, and the furnace of the refiner, those sparks of knowledge which serve to light us on our toilsome way.

They have devoted years of study and experiment in their favorite science to bring it to its present degree of perfection, while their path has been constantly beset by obstacles, of which

we can form no adequate conception. Surrounded by such as these, a young man should advance his opinions with great diffidence, and while detailing the results of his own experience, take the attitude of a scholar.

But these considerations ought not to deter any one, however young or inexperienced, from taking his part in our annual discussions, for in no other way can the important objects of our association be gained.

We meet for high purposes—to improve in knowledge, to add to the great fund of information which already exists, whatever of value we may have been able to glean from our year's experience.

The young and the old may join in this labor. Each brother, as he has passed from step to step in his professional career, has encountered obstacles which perhaps others have not; and has, by his own peculiar method of reasoning, arrived at a mode of surmounting them.

In this way, every member of the profession might, at our meetings, communicate the knowledge of some theory, manipulation, or remedy, which would be valuable to individuals, and honorable to the fraternity.

If every member should come to our conventions with his book of experience open wide, and plainly inscribed with each scrap of useful knowledge which his genius has gathered from the paths of practical science, how rich would be our yearly harvest! how gratifying and refreshing to leave the scenes of our toil, and join in the greetings of our cherished anniversary! If my humble mite shall, in the smallest degree, contribute to the interest of this occasion, my highest hopes with regard to it will be realized.

Before proceeding, however, to the discussion of the subjects which I have mainly proposed to myself in this essay, permit me to say a few words with reference to our conventions.

It would seem that the meetings of the members of a profession like our own, opening so broad a field for scientific investigation and practical improvement, should be characterised by efforts at mutual advancement in knowledge, that the time which we are permitted to spend in each other's society should be so

improved that we may re-commence our labors with new courage, with deeper love for our profession and each other, and a stronger determination to prove a blessing to both.

Scattered throughout the length and breadth of our land, and engaged in the constant practice of our profession, are hundreds of those whose minds are constantly elaborating highly useful improvements. Men whose hearts are bound up in the love of their art, and the precious energies of whose minds are constantly devoted to its advancement. They are no misers! Their precious gleanings are free as air to their brethren and the world.

Visit the scenes of their toil—announce yourself as a professional brother, and your claim upon their hospitality is complete. The warm greeting, the generous grasp of the hand, and the glistening eye, pronounce you welcome—heartily welcome. They will lead you to their operating rooms and laboratories, and there open to you their caskets of jewels—processes which have cost them much time and labor to perfect—theories which have resulted from difficulties struggled with and overcome—apparatus which their ingenuity thus lays upon the shrine of their profession—they say it is all yours, it is all the world's!

Our society encloses within its pale many of these noble spirits; it professes for its object the advancement of our art—our mutual benefit and that of the world. Its meetings are announced, and with hearts burning with desire to accomplish this great object, they come from Maine and Louisiana, from the east and the west. Time and money are alike nobly sacrificed to be present at our discussions, and to give dignity and force to our association.

Why is it then that our sessions are so short, and so exclusively devoted to business transactions?

Why do we not spend a sufficient amount of time to allow every one who desires, or is willing to do so, to contribute his share to the interest and delight of the occasion?

In this way, and this only, may we retain the consideration and respect of the profession and the community, or even repay ourselves for the trouble of sustaining our organization.

How is it now? Our time is mostly employed in the election of officers and members, and the settlement of our financial and

political affairs, while the great objects of our convention are neglected; and those even who have prepared themselves to instruct us cannot be allowed time to present the result of their labors.

In view of these things, who can wonder that more do not attend our meetings, when we offer a programme of such indifferent attractions. Does not rather the fact that so many from distant parts of the country are present, indicate an enthusiasm among our brethren worthy of a warmer reception.

I have taken occasion to present these suggestions, because I consider the subject to which they refer, of the highest importance to interests which we all hold dear. I leave them to the decision of your wisdom.

The remarks which I am about to offer will be practical, not confined to any particular department, but treating briefly various topics, to which my own attention is constantly directed.

It will not be surprising if they should contain no suggestions which are new or important to any one of you.

I can only say that I have chosen to describe a course of treatment which I have of late adopted in certain cases, and which I supposed might at least be novel to some.

I refer to those cases in which the nerve has become exposed by decay to the action of external agents.

Teeth affected in this manner are in many cases too valuable to the patient, both as regards their position in the arch, and their uses in mastication and articulation, to allow us to think for a moment of their extraction, until every means of rendering them comfortable and useful has failed.

Dentists have long been in the habit of operating upon these teeth with reference to their preservation, but it must be admitted that their efforts have been mostly confined to the incisors, while the grinders, considered less valuable, because less exposed, have been lost. Every effort to save even the more important dentals has been regarded as an experiment by some, and by others highly injudicious, while the grinders, frequently of the last importance to health and comfort, in their use of mastication, have been but too often lamentably sacrificed.

Viewed in this light, any useful suggestions, with reference to

this most important department of dental surgery, are invested with the deepest interest. For if operations of this kind are ever successfully performed, they should undoubtedly rank among the noblest trophies of our art.

The measures which have been adopted in the treatment of exposed nerves have been various, and attended with different degrees of success. The great majority of authors whom I have consulted, as well as the practitioners with whose views I have become acquainted, recommend the reduction of its inflammation, and partial removal of sensibility, by the application of some powerful astringent preparation.

The use of the actual cautery is now, I believe, almost entirely abandoned, and those who have written within the last few years, generally recommend the continued application of galls, or the use of arsenious acid, combined with morphine.

The use of the latter preparation is now quite universal, there being but few practitioners who do not employ it to some extent. It acts with greater certainty, and accomplishes the object in less time than any other composition with which we are acquainted.

It however generally produces considerable pain for from three to twelve hours, and the inflammation thus kept up, frequently extends to the investing membrane and the gum, and results in suppuration of those parts.

Some have supposed that the use of arsenic under these circumstances might prove injurious to the general health through the action of the absorbents. It seems quite probable that such should be the case, when we consider the wonderful connection which exists throughout the whole system, and how mysteriously parts, apparently distant and disconnected, act upon each other.

Whether this be the case or not, its use by unskilful hands, and in immoderate quantities, is certainly attended with the danger of its reaching and acting directly upon the coats of the stomach.

My object, however, is not to enter into a discussion of the safety or utility of this application, but merely to describe the treatment which I have lately adopted in such cases.

The destruction of the nerve by mechanical means has been

practised to a small extent by dental surgeons for many years. But on account of the severe pain which in many cases attends it, as well as the fact that in the manner in which it has generally been practised, it has proved no more successful than other and less severe methods, it has been considered rather in the light of a dernier resort.

To account for this, I think that it will be found that the nerve has been too frequently punctured merely, and then shut up by a stopping within its bony cell to decompose.

The putrescent and irritating matter thus generated, having no chance of escape, except at the end of the fang, must, of course, by its pressure at that point, induce pain, inflammation, and supuration in the surrounding parts; the very common result of this method, as well as of the others which have been mentioned.

The only means of preventing this result is to remove the whole nerve, and fill its place with gold or tin foil.

This course, I, in common with others, have pursued for several years with reference to incisors and bicuspidati, but not until the past year have I adopted it to any great extent, with reference to molars.

It has been supposed that two very formidable obstacles would present themselves to the success of the operation upon this class of teeth.

1st. The excessive pain.

2d. The difficulty of removing the substance of the nerve from the fangs.

The first of these difficulties has been found much less than was anticipated; although it must be acknowledged that it varies much with the temperament of the individual, the general health of the mouth, and the degree of inflammation already existing in the exposed nerve.

There are many cases of highly nervous temperament combined with delicate health, in which it would undoubtedly be injudicious to attempt an operation, which, under such circumstances, must inevitably produce so great a shock upon the already enfeebled system. The health of the gums and teeth should also be considered. Every irritating cause should be removed before the operation is attempted.

If the gums are inflamed and spongy from the presence of tartar, or any other cause, or if the investing membrane is in a state of inflammation and partial suppuration, these diseases will constitute the strongest tendencies to the very difficulty which we would avoid, and render failure almost certain.

If the nerve should be found to be inflamed, as is frequently the case, owing to the presence in the cavity of irritating matter, the application of tannin, for some time before the operation, will render it much less painful.

This substance has also been found extremely useful in reducing inflammation in the bony structure, when the nerve is not exposed.

Although so much depends upon these circumstances, it will be found that judicious and skilful treatment will do much to remove this obstacle. In fact, it may be safely said, that in the majority of cases the pain of this operation will not be found to exceed that arising from the excavation of a sensitive cavity, or even the use of the file; at least such has been the testimony of many who have endured it; while others have declared that that which had been so frequently dreaded, as agony intolerable, was to them scarcely worthy of the name of pain.

The second difficulty, that of removing the nerve from the fang, is one which can be overcome only by perseverance and skill.

Every one who has mastered the art of stopping teeth, will remember how difficulties vanish before these potent charmers.

How the delicate manipulations, connected with this most beautiful operation, which weary and vex the clumsy fingers of the *beginner*, become comparatively easy and natural to the *adept*.

The instrument which I have used to excavate the fangs is a delicate probe of steel, perfectly annealed. The point may be converted into a very slight hook, and made sharp, so as to bring away the nerve or other matter with which the cavity may be filled. For the removal of the nerve in the chamber of the crown, existing in molar teeth, as well as to enlarge the cavity, so as to give free access to each of the fangs, a burr drill is very useful. As these teeth are generally very much decayed, it will

be found advisable, when the cavity is on the side of the crown, to remove its edges in such a manner as to admit the light directly upon the openings of the fangs. This will facilitate the operation very much, and at the same time give strength to the walls that are to contain the stopping.

The operator, however, who has given himself every possible advantage, will frequently meet with mechanical difficulties in the way of the entire removal of the nerve, which will defy his skill. The external fangs of the upper molars, perhaps, will be those in which he will most frequently fail. Their internal cavities are frequently united in one broad, thin fissure, into which it would be perfectly impossible to introduce any instrument.

The quantity of nerve contained in these, is, of course, very small, compared with the whole; and as experience teaches us that this portion, although remaining in its place, alive, does not produce either pain or inflammation, we may consider it as of no serious importance. But this excavation should be carried as far as possible; for our motto, and the direction of all of our efforts, should be *perfection*.

Great care should be taken, in the course of this operation, to avoid passing the instrument through the opening at the end of the fang, which is frequently so large, especially in young persons, as to admit it. After having removed the nerve so far as practicable, the gold is prepared in very small pieces, which are immediately introduced, one by one, with a blunt probe, until each fang is thoroughly filled. The cavity in the crown is then stopped as usual.

So far as I have been able to observe the result, this operation has been successful in every case in which the nerve was destroyed, and its cavity filled at once. It has been tried in a large number of cases, and has never, to my knowledge, resulted in ulceration. But when the nerve had previously died, although it could not, as a general thing, remove disease already commenced, it has, in many cases, very sensibly diminished the frequency of its recurrence, and mitigated the violence of its symptoms.

In destroying the nerve in this manner, the pain occasioned is of such short duration, that it seems to produce no other effect

upon the surrounding parts than a slight shock, the soreness resulting from which is usually felt for a day or two succeeding the operation.

Many of you have, undoubtedly, tried and decided upon the merits of this course. If this description shall prove interesting or of service to any, its intention will be most satisfactorily answered.

I propose to close with a few remarks upon the subject of stopping teeth. So much has already been said with regard to this most important operation, that it seems almost absurd for any one, especially a young man, to attempt to make any new suggestions with reference to it. Every one is aware of the necessity of removing every particle of carious matter; of giving such shape to the cavity, as is required to retain the gold; of freeing it from moisture; of introducing the foil in such a manner as to render every part compact, and perfectly adapted to the inequalities of the cavity; of giving it perfect solidity; and, although much has been said with reference to the finishing of the operation, still it may be that sufficient importance is not generally attached to it, in the minds of operators. All of the primary steps may be thoroughly and efficiently taken, but if the stopping is left in a rough and uneven state, the operation is imperfect. A slight indentation at the edge of the gold, where it joins the bone or enamel, may become a lodgment for acrid or decomposing matter, and the commencement of a new decay.

Now, although I do not believe that the greatest skill, exercised with consummate patience, can, in every case, be successful; still I do believe that there *may* be perfect operations, and that it should be the aim of every dentist to perform them.

The fact that decay is always directly induced by chemical agents, which are, of course, external, and which must find some roughness or indentation upon the enamel or bone, in which to lodge and remain for some time before they can produce the slightest effect, has been sufficiently proven by others. The very able paper from our brother Westcott, upon this subject, together with the investigation, a description of which accompanied it, are sufficiently convincing.

If this position is correct, the importance of giving not only a

perfect surface to the stopping, but a surface perfectly continuous with that of the tooth commends itself to the consideration of every dentist whose aim is the highest excellence. In order to accomplish this, the first requisite is perfect solidity of the gold. Its surface should be made smooth with a fine file, which may be constructed of various shapes, to suit localities. The burnisher is then applied, which should be kept in good order, by rubbing upon a leather with crocus, and, to prevent the adhesion of the gold to its surface, should be touched to a piece of fine soap before using.

Having rendered the surface perfectly hard and solid in this manner, proceed to polish both the stopping and the tooth around it, especially if the bone or enamel has been filed. This may be done either with pumice stone and a stick of pine, or a pencil made of flour of emery and shellac, or a piece of any fine stone, as may best suit the case. Having removed all of the inequalities which might prove dangerous to the tooth, and especially those occurring just at the edge of the stopping, burnish the gold again, and you will have produced a fine surface, which will be retained, and which will many fold increase the probability of success.

In addition to this, impress upon your patient the necessity of perfect cleanliness—of removing, two or three times in each day, whatever may accumulate upon the teeth, and this not only upon the surfaces which may be washed by the brush, but between the teeth, where observation teaches us that decay is the earliest in its attacks, and the more dangerous, because concealed. In order to do this perfectly, the use of floss silk is necessary; I say *necessary*, because I know of nothing which will answer the same purpose, or even approach it in utility. The importance of this article cannot be over estimated; it should be kept and constantly recommended, and its use insisted upon, by every dentist. It protects the lateral surfaces of the teeth when in the closest contact, which cannot be reached or scarcely affected in the slightest manner by the brush. Will not reason then support us in the assertion that, in point of importance as a means of cleanliness, it is far above the brush, which, although of the greatest utility, affects only those parts which are con-

stantly washed by the saliva, aided by the motions of the cheeks and tongue.

I have thus briefly, although imperfectly, performed the task assigned me. Full of errors though it be, it has been dictated by a desire *to do good*. I leave it with you, asking for its faults your generous forbearance.

ARTICLE III.

Dissertation on the Elevation of the Dental Profession. Read before the American Society of Dental Surgeons, at its Sixth Annual Meeting, held in the city of New York, August, 1845. By E. TOWNSEND, D. D. S.

THE question has often been asked, how shall we elevate the character of the profession, of which we are individually members; and what means shall we use, to raise its reputation to a height commensurate with its just claims, as a science of so much importance to the comfort of the human family?

Let me mention *one* of the means by which we can, each of us, do our part to attain this much desired end. It is by being, in the strictest sense of the word, honest. Now it is not necessary, perhaps, that an American dentist should write on his door, "No cheating here," as do Chinese shopkeepers; but it is of the *last* importance that our character, as a professional body, should be as far above all fear or suspicion of dishonesty, as its skill and success are beyond all doubt or dispute. If we had all, at all times, been strictly upright—avoiding deception and quackery in all its forms and branches—doing always the best our judgment suggested—without being swayed in one case by deficiency of compensation—in another, dismayed by difficulties not easily surmounted—or even yielding to the more amiable weakness, reluctance to inflict pain—it is certain the dental surgeon would at this time stand in a more enviable position, and the art he professes to practise and understand, be very differently estimated.

It is to be deplored, that so many leave other occupations, which they imagine less lucrative, and commence the practice of what *they* call dentistry, with little or no previous preparation or training; "taking it up," as they say, just as some persons speak of "getting religion," as though it were a thing to hold in the hand or put in the pocket; while others contrive to continue their original calling, and yet, as one told me not long since, "do a little dentisting," to eke out the less profitable occupation. Now such men as these are often well meaning, generally have some ingenuity, often just knowledge enough to do mischief; but they have not, and, in their narrow sphere of observation, cannot have, the slightest conception of the blunders they commit. They are really *not* aware of the extent of their dishonesty; but in dentistry, the saying of Napoleon, that "a blunder is *worse* than a crime," becomes a serious truth.

We will suppose another case. A young man applies to a respectable private practitioner, and wishes to be received into his office as a student. The practitioner is an honest man, and therefore the request is met, not by prompt admission, but by inquiries as to his previous preparation; and the answers to these inquiries show that he is a graduate of one of our universities, has been born and bred a gentleman, his head and heart well educated, and so far calculated to do honor to *any* calling; but his hands, they are totally ignorant; his fingers can wear rings and gloves, can even use a pen, but for tools he has a contempt which he hardly attempts to disguise. Yet he expects to be received as a student, and prepared in a few months to enter an office of his own. He is not received, however; the conscientious man to whom he has applied, recommends an apprenticeship to some mechanical trade, gunsmith, jeweller, watchmaker, any thing that will educate his hands—and so dismisses him. Alas! he has not far to go, before he finds one less scrupulous; and in six months, or perhaps less time, we may find him in a fashionable street, with a door plate as large as a newspaper, ready to fill, file and extract, with unequalled facility and despatch. If, by any chance, he succeeds in an operation, he is not half so much astonished as one would suppose—to succeed is to him a matter of course; if he fails, and mischief results, he says, as the boy did of his whistling, "it did itself."

Need I remark on the great want of uprightness and integrity which this case exemplifies ; on the total absence of right feeling for the credit of the profession, in both—of enlightened policy for his own reputation, on the part of the teacher ? for, if he was even disposed to forget that the public would hold *him*, in a measure, responsible for the ignorance and mismanagement of one he had professed to instruct, his experience must have made him fully aware of the countless mistakes and irreparable mischief, which his half taught scholar might perpetrate, with the best intentions in the world. But the almighty dollar was, to him, all in all, and never will our profession rise to its proper elevation, until the dollar is estimated at the dollar's worth—until the true dignity of labor is recognized, and we toil for higher ends than the "penny fee" of the old song. Labor is a law of our being ; from it no one is, or can be, exempt ; and since it is the thought, the feeling, with which we toil, which makes our labor degrading drudgery or ennobling occupation, every man should do whatever his hands find to do, not only with all his might, but with elevation of purpose, looking always to spiritual growth,

"Taking an impulse and vibration to an end beyond its own."

For the professional man, be he lawyer, doctor or dentist, is often so happy as to find himself toiling assiduously, in utter disregard and often entire forgetfulness of the mere money compensation. Which of you has not felt this ? and let me tell you *no* one, however skilful and accomplished, who does not and cannot feel this unselfish delight in usefulness for its own excellent sake, ever will, even in the most worldly view of the case, rise to eminence in his profession. There is a chord in the public mind, ever responsive to true nobleness ; even the low and vulgar *perceive* the superiority with which they do not sympathise. To the really good, we accord involuntary homage. The world has clearer eyes than we give it credit for, and soon sees whether a man is impelled by high or low motives of action. The false coin is rejected, the ring of the true metal recognized, and the great truth established, that "the minds of other men mirror back ourselves ;" for, even as it is easy to judge of the

character of a lawyer, by the class of clients who frequent his office—of the physician, by the class of patients who require his services—so will an enlightened, cultivated and *honest* dentist attract to his chair, those on whom it will be both an honor and pleasure to attend.

One bright example of the elevation of character which has been attained in our profession, I may be permitted to mention, if it were only to express reverential regret that its living worth no longer illuminates our ranks. I allude, as you will easily conceive, to Edward Hudson, equally great and good, and most emphatically honest.

"None knew him but to love him,
Or named him but to praise!"

If I dared to lift the veil from his private life, I could tell you with what patient industry he toiled, year after year, to accumulate the means to liquidate large claims, which had no legal, but a clear moral hold on his justice and sense of right. Or if this were a time to intrude *myself* upon your notice, I could tell you with what almost fatherly kindness he extended the hand of encouragement to me, when I entered the profession he adorned; enlightening my inexperience, fortifying me against self-distrust, and cheering me under depression, although I had not the slightest claim upon his valuable time and experience. When I forget him, "may my right hand forget its cunning."

Even as a straw will indicate the direction of the wind, the circumstance I am about to relate will show you the bias of his character. Some time ago, a woman whom I knew to be a servant, came to me to have some trifling operation on her teeth; on examining her mouth, I found a number of teeth so well filled, that I asked who had had the care of it. She told me Dr. Hudson had filled her teeth for her. He visited the family in which she served, saw her front teeth needed care, and told her to come to him and he would put them in order; and in what order I found them! perfect as the day the work was done, each bright little disk of gold glittered in the clean and healthy bone; and this he did, when his fame was at its height, when his minutes were worth dollars, and evidently he had bestowed

as much care and attention on the mouth of that poor Irish girl, as if she could have remunerated him for his trouble, and appreciated the beauty of his work.

Another circumstance, as slight in itself, forcibly impressed me with his conscientiousness. I entered his office one day, and found him sitting with a book in his hand, as though he had no connection with this work-a-day work—and to find Dr. Hudson unemployed during business hours, was indeed a rarity. When I expressed my surprise, he said, "My young friend, I feel to-day, as I suppose all men feel at times, as if I could do nothing well, nothing as it should be done, and I have sent away four patients this morning, and six yesterday, because I was afraid I should not do them justice; and I prefer crowding *next* week, and additional fatigue, to ill-executed work this." This needs no comment.

The influence of such a man does not end with his life. His fame and worth are the heritage of all time. If it is not in the power of every man to become as distinguished for grace of manner and skilful execution as Edward Hudson, it is possible for all to be equally honest, and exercise, in a measure, and according to their worth, as beneficial an influence on all connected with them. Every thing is possible to a determined will; and a steady purpose, combined with good principles and integrity, will as certainly lead a man to eminence in our profession, as water finds its level. No man, however humble, is willing to feel or admit himself utterly insignificant. We all trust, that in some circle, however small, we have bearing, force and weight. Neither let any one imagine his merit underrated by the public; if there is an error in the estimation in which a man is held, nine times out of ten it is the other way. If we are really great, our greatness will be sufficiently manifest; the false often passes for the true—rarely, indeed, is the true mistaken for the false.

"Oh, Iole! how did you know that Hercules was a god?" "Because," answered Iole, "I was content when my eye fell on him. When I beheld Theseus, I desired that I might see him offer battle, or, at least, guide his horses in the chariot-race; but Hercules did not wait for a contest; he conquered whether he stood, or walked, or sat, or *whatever thing he did.*"

Let no one suppose, because his position is humble, his example is of little moment; the silent influence of character is immense. George Fox, the apostle of the Quakers, used to say, that "the example of an honest man would shake the country for ten miles round;" and one of the wisest men of the present day has said, "nothing so much astonishes men, as plain dealing and common sense."

My friends! I will intrude no longer on your time. I am aware I have told you nothing new, nothing but what any one of you could have said better than I have said it; it only remains for me to thank you for the patience with which you have listened to my suggestions, which I do, most sincerely.

ARTICLE IV.

Address on the Pursuit of Professional Excellence. Delivered before the American Society of Dental Surgeons, August 8th, 1845. By JOHN ALLEN, D. D. S.

*Mr. President, and Fellows of the
American Society of Dental Surgeons:*

HAVING assembled for the purpose of uniting our efforts in promoting the requisite knowledge of the dental science, and for inspiring a laudable zeal for the elevation of the art, by mutual and reciprocal interchange of opinions, and experience connected therewith, you will allow me to congratulate you, and the whole fraternity of our profession, upon the fact, that we are not obliged to hang our harps upon the willow, and yield obedience to infuriated zeal or blind fanaticism, but are permitted to bring to bear upon our favorite profession the highest grade of mental power, mechanical skill, and scientific research. The dark clouds of ignorance and obscurity, that have so long hung heavily over our craft, are now vanishing away, and the dawn of brighter days are smiling upon us, and already do we find ourselves reposing in the confidence of an intelligent and liberal community.

And it now becomes our duty so to preserve and so to demean ourselves in our vocation, as to justify the fond hope that ere long we shall be seated on the mountain's brow of science, possessing and enjoying a lofty pinnacle of professional fame.

A profound knowledge of anatomy, physiology, and pathology, is indispensable to the practical dentist; and he who is deficient in such knowledge, can never attain to that lofty summit of celebrity, to which the truly scientific mind delights to aspire.

Every day's experience teaches the importance of forming societies for the promotion of mutual good. The concentrated efforts of an association like this naturally lead the way to a development of all the attainments of our profession, giving each member an opportunity to profit by the skill and experience of all the others, whilst they serve to qualify the industrious operator, and to share the pleasures which advancement in the art must necessarily afford.

An association established for noble purposes cannot fail, if properly conducted, to contribute largely to the advancement of all its members. It is calculated to unite men of different states and different countries, and to cultivate friendly intercourse among those who might otherwise have remained at perpetual distance. That towering temple erected on Mount Moriah's top more than twenty-three hundred years ago, and on which no sound of axe, hammer, or other tool of iron, was heard, never could have been completed, without the united efforts of master builders; for it is as necessary to have union to support, as wisdom to contrive, in accomplishing and sustaining any noble enterprise. In all ages of the world, more good has been done by well regulated societies than possibly could have been done by persons acting in an individual capacity. We see in those barbarous countries, upon which the light of science has never dawned, and where civilization remains yet unknown, that societies are never formed, either for the purpose of improving the mind, or in any respect bettering the condition of man. Hence, we find that for the last four thousand years, the inhabitants of those regions have made no more improvements even in the construction of their own domicils, than have the beaver, the otter, or the stork of the forest.

How important then is an association like this of ours. Here the accomplished teacher of our art points out objects worthy the attention of its members, and directs their minds to the path that leads to fame. Here the young practitioner is inspired with a becoming zeal to do honor to the profession of his choice, to become a useful member of society, and to adorn the circle in which he moves. Although from an early period in the history of diseases incident to the human teeth and gums, very many able works have been written, and many scientific investigations and experiments have been made, by ingenious and pre-eminent gentlemen, who have been regarded as stars in the galaxy of the profession of dental surgery, yet more truly valuable improvements and discoveries have been made within the last twenty years, than had been previously brought to light from time immemorial; and your speaker, who now addresses you, would here remark, that he has recently added one more link to the long chain of improvements that have been made in connection with our profession. Which is that of restoring the form of the face to its original fullness, in cases where the cheeks have fallen in, in consequence of the loss of the teeth, absorption of the alveolar processes, wasting of the flesh or loss of the maxillary bones, which is done by means of gold or other attachments to the teeth in such a manner as to give just that form to the face that may be desired, thereby changing the thin lank and deeply furrowed contour of the cheeks to a smooth, plump, and beautiful form.

Having tested fully the practicability of this improvement, I most respectfully submit it to the consideration of this association. Though the task of acquiring a thorough knowledge of the dental art may be irksome to the inexperienced, yet perseverance and close application will remove each difficulty as it occurs; and at every step he advances, new and pleasing discoveries open to his view, and additional pleasures will attend all his researches, and impress more and more strongly on the mind the importance of attaining a high degree of eminence in his profession. Although he may meet with obstructions on his way to the portals of usefulness and of fame, and although he may sometimes meet with momentary disappointment, yet he must not suffer his timidity to deter or discourage him, but he

must press forward until he becomes more than conqueror, over all the obstacles that oppose him. And yet, he must not expect to be wrapt in clouds of glory, nor suffer his senses to be overwhelmed by a fancy that peals of thundering applause are especially held in reserve to gratify his vanity, but he must pass on to the highest attainments in his power, and the highest honors that he may have merited will be conferred upon him. By a proper discharge of his duties in all things, he may enjoy a reputation more honorable than the diadems of kings or the pearls of princes can confer.

The science of dentistry is a fruitful one; and although the operator should be completely master of his business, and should be capable of illustrating and elucidating its principles in an interesting and forcible manner, yet he is not confined to any set forms or rules of action, but in his *modus operandi* must be governed by the circumstances surrounding the cases to which his attention may be directed.

I have spoken of perseverance as being essential to the surgeon dentist, for without it, nothing great, noble, or extensively useful has ever been accomplished. It was this feature in the character of Tubal Cain that enabled him to become the first successful artificer in brass and iron, and to lay the foundations of almost all the useful mechanic arts. It was perseverance, coupled with energy and enterprise, that enabled righteous Noah to construct that ark of safety which was permitted to float on the rolling waves of a universal deluge; and thereby preserved him, his family, and all that he took with him, from the destructive waters which covered the whole surface of the earth. With what perseverance did the Chaldean shepherds, with whom the science of astronomy originated, pursue their researches and observations, in reference to the positions, relative distances, and motions of the heavenly bodies. And surely the Egyptians, who discovered the fundamental principles of geometry, and reduced it to a science, the importance of which has been realized by all the civilized nations of the earth, could never have succeeded without the most unflinching perseverance, and indefatigable exertion. So with the five beautiful orders of architecture, which have remained for centuries without any improvement; and

which have contributed so much to the comfort and convenience of man, and at the same time serving as ornaments throughout all the enlightened portions of the globe.

Surely such perfection in art could never have been attained without the most untiring energy and patient investigation. The same may be said of all the other arts and sciences, as well as of all the other discoveries that have been made, and that have a tendency to improve the condition or promote the happiness of man. What but perseverance, combined with boldness and energy, enabled Charles the Seventh to break down the whole feudal system; the prevalence of which for the space of four hundred years, filled Europe with more atrocities than was ever known during any other period in the annals of that country. He not only checked the licentiousness of the barons, but he crushed the power of the nobles, and reduced them to order and obedience. The objects at which he aimed were to establish a corrective of disposition, and to support the weak, protect the oppressed, to refine the rude, to avenge wrongs, to maintain the rights of all, and especially to defend the purity of the lovelier sex. But for the spirit of enterprise and perseverance, this happy and highly cultivated country, through which we can now travel with such velocity and ease, and in which there are so many magnificent temples erected and dedicated to the Most High, and in which are so many stately mansions constructed for the safety and comfort of man, would to this day have been a dark and howling wilderness, inhabited only by the untamed savage and the wild beasts of the forest. But for that spirit, the thousands of ships, which now ride sternly over the bounding billows of oceans, seas, and lakes, would never have been put in motion or even constructed. Nor would the government of this *our* native land, have been wrested from the power of despotism, but the people would to this day have been the subjects of monarchy, or reduced to a state of barbarism, anarchy and confusion. And for this spirit are we indebted for almost all the joys that sweeten life, as well as for that lofty position which distinguishes man from the lower orders of creation.

I have thus strongly, and with anxious solicitude, urged the necessity of deep and persevering research in the science of our

profession, because I feel sure that hitherto much less attention has been bestowed upon it than its importance demands.

The practical and judicious dentist will often have his attention directed to diseases which are intimately connected with his profession, and yet not confined exclusively to the teeth and gums, such as diseased antrum ; bony tumors, which are sometimes attached to the bones of the face ; deranged arch of the mouth, contractions of the cheeks, diseased or absent palate, various forms of exostosis, hæmorrhage, &c., &c. ; all of which go to show the importance of a thorough knowledge of the physiology, pathology and anatomy, not only of the mouth and face, but all the other parts connected therewith.

The dentist should not only qualify himself for operating successfully, but should also cultivate a gentlemanly deportment, preserve a reasonable degree of dignity, and manifest a becoming sympathy for his suffering patients. He should exhibit no signs of fear or alarm in their presence, but be sure that he is adequate to the task imposed upon him, and then proceed with boldness and precision to the execution of whatever is proper for him to do. By strictly observing these rules, he will generally avoid material error, and suffer but little from disappointment. In all his professional duties, it will be incumbent upon him to be governed by that high sense of honor, delicate sensibility, and friendly feeling, that are calculated to secure the implicit confidence of all who may have entertained a favorable opinion of his skill and integrity. By securing the entire confidence of his patients, the dentist is enabled to hold in check that timidity which is often much to be dreaded, always unpleasant, and which frequently serves to defeat the designs of the operator. He should always remember never to express the least doubt, in the hearing of his patient, as to the result of any practical operation which he is about to perform.

It seems to have been ordained, that man should be the channel through which good should be conveyed to his fellow-man, hence the necessity of organised societies like this ; and here let me remark, that every member of this association ought to consider himself bound by honor to preserve unsullied his own reputation, and to his utmost ability, that of each member of the so-

ciety. If he wishes to secure for himself an honorable reputation, he must first possess the qualifications already described; and, secondly, he must ever cherish the remembrance of that connecting link between divinity and humanity—I mean that noblest of virtues, which is *charity*, and which is a perpetual current of good, extended to all mankind, but more especially towards the children of sorrow, want and pain. Although he is not required to extend his benevolence so far as to adorn or decorate those who are unable to remunerate him, yet no pecuniary consideration should ever induce him to withhold his aid from suffering humanity; but his professional duties, as connected with the healing art, should excite and awaken all the noble affections of the human heart, and call into exercise all those principles and actions that are calculated to mitigate the sorrows, assuage the griefs, and relieve the afflictions of his fellow mortals, at least as far as he can consistently, for there are many who have been driven by the cruel winds of adversity from the fairest prospects of prosperity and plenty into the depths of poverty, want and despair, and over whom the clouds of misfortune have long seemed to hold dominion, and whose dreams of delight are forgotten, and who, at the same time, are writhing with pains that baffle description; and shall the avarice of any one of our profession lift her supercilious brow above such scenes, or behold them with indifference, and prefer to be influenced by the cringing flattery of knaves, who only aim to touch his vanity or tickle his folly? And yet such scenes as are above described are frequently witnessed by those whose attention is exclusively devoted to the relief of the afflicted. What a noble example of this spirit was presented to us yesterday by Dr. Townsend, in the character of that great and good man, Dr. Hudson. Such examples are worthy of all commendation. Let that virtue which charity inculcates, that shines refulgent on the mind, and that is as luminous as the meridian sun, and that virtue which enlivens the heart and converts coldness and indifference into warm sympathy and cordial affection, be our polar star during our whole pilgrimage through this uncertain world of care, of joy, and of sorrow.

The science of dental surgery is yet far from being perfectly

known or understood at the present day ; but many of its elementary truths, and fundamental principles, are yet floating on the broad ocean of human knowledge, and it is ardently hoped that some master minds of this association will collect them together, and rear upon them a scientific structure not inferior to any ever formed in the wisdom of man.

Theories will sometimes be urged, that will, when fairly tested, prove vain and useless. Other theories will be presented and rejected by many, because they appear not to be in conformity with some pre-conceived notions of truth ; but let every hypothesis, not known to be palpably opposed to truth, lead to a close investigation ; and he who reasons well, investigates thoroughly, and employs his mind and his hands industriously, may feel an assurance that he, in his profession, is marching forward to certain conquest, and that the lofty objects of his ambition will be finally realized. I think there is now very much to encourage expectation, and to give increased activity to the enterprising members of this association, for we inhabit a country where the human mind can avail itself of its full strength, and where many of the useful arts have been invented, and many more improved—where commerce and intercourse are facilitated by seas, lakes, rivers, canals, railways and turnpike roads, and where intelligence is speedily conveyed. We live, too, in a country that may be regarded as an immense treasury of nature, producing most of the mines, minerals, and other materials necessary for the prosecution of our art, together with all the other productions of earth necessary for the support of man. Here are presented to us the most magnificent spectacles of attraction, and the most lofty munificence that the world ever knew, and which are calculated to impregnate the mind with enterprise, and the highest possible sense of love and of gratitude. And here our wants are supplied by a boundless plenty ; here are exhilarating benedictions bestowed upon us, to cheer our hearts, employ our thoughts, improve our intellectual powers, and finally lead us forward to greatness, to goodness, and to fame..

And shall we, with all these advantages, permit ourselves to become drones in the hive of nature, or, through indolence or apathy, allow our profession to suffer disgrace, or ourselves to

relax into a state of insignificance, wantonness and folly? The object of our pursuit is magnanimous, it is noble—it is to relieve and comfort the afflicted, to inculcate social affections, sweeten temporal enjoyments, remove disquietude, and strengthen the common bands of harmony and of interest. How cautious then ought we to be in the admission of members into our association. Although we want no specimens of nobility amongst us, yet we wish to see bright stars in our ranks—men distinguished for their high attainments, for their noble qualities of soul, and for every virtue which can give dignity to the human character; in short we want such men as nature has made noble, and such as are disposed to improve their stock of knowledge by every opportunity afforded them. We want such men as can reciprocate the sentiments and emotions of their brethren, and mingle in the enjoyments which occasions like this furnish. We want men of clear heads and pure hearts, of real worth, unostentatious, endeavoring to appear just what they really are, entirely above the littleness of wishing to render themselves conspicuous without merit. Let our association be composed of such men, and all the standard bearers of scepticism cannot shake our constancy or defeat our aims.

Finally, brethren, let our abiding motto be, onward in the march of improvement—onward in the march of science, invention, skill, perseverance, enterprise, and above all, the faithful discharge of all our solemn obligations.

ARTICLE V.

Dissertation on the State of the Dental Profession, and Dental Empiricism. Delivered before the American Society of Dental Surgeons, at their Sixth Annual Meeting, held in the City of New York, August, 1845. By JAMES TAYLOR, D. D. S.

*Mr. President, and Gentlemen
of the American Society of Dental Surgeons:*

I CANNOT find language to express the gratification I derive from meeting so many of my professional brethren on this occa-

sion. At any time, and under any circumstances whatever, an interview with those identified in pursuit, in feeling and interest, should be agreeable. What then should be our feelings, when thus, from all parts of our common country, we have assembled on an occasion like the present? and when the great object of our meeting together, is not only to form and renew acquaintance, to exchange views on scientific subjects, but also to do all in our power to advance, on a sure and firm basis, that particular branch of science in which we have embarked our energies, time and talents.

The pleasure of beholding, for the first time in my life, this great and growing city, has been rendered doubly interesting to me, because I, for the first time, also, meet with many of those whose names rush to memory's entablature, whenever early recollections—the bright spots of our existence—are dwelt upon.

This pleasure is also heightened by the fact, that I can now, by my presence, signify the deep interest I now feel, and *have always felt*, in the objects of this association. If you of the east can enjoy this rich interview of kindred feeling and professional courtesy, he who hails from the west has full as much to make it pleasant and agreeable, for he not only enjoys the same intercourse of thought and sentiment, but he forms acquaintance with those who have long been advancing up the hill of dental science, and who, from their kind demeanor on this occasion, appear not disposed to retard the onward progress of their brethren.

When I take a retrospect of the past, I can scarcely realise my present position. Time is certainly, in its rapid and fleeting course, stamping, with unerring accuracy, on all around us, change! change! The modes of travel change; steam cars, in their rapid flight, scarce allow a peep at the magnificent peaks of the Alleghanies—space is annihilated, and the Queen City of the West and the Emporium of the East are fast approaching; the great magnets fixed at both extremes, have, by the revolution of time, been brought to bear on each other: how soon the electric current may be so established, that we, like telegraphic despatches, may be made to pass from one pole to the other, I would scarce dare prophecy.

While thus around us change is stamped on the improvements of the age, this meeting reminds me that a change has come over the "spirit of our dream." Social intercourse is enlarged, the contracted, selfish feeling, which struggles to conceal all for its own benefit, is fast giving way to a more enlightened spirit; and, perhaps, in no profession has a greater change taken place, in this respect, than ours. Let us hope that this spirit will extend, until all shall vie with each other in disseminating the greatest amount of useful knowledge—until, at least in dentistry, none shall claim to alone possess the great secret of our art—until true merit alone shall claim its just reward; and all feeling of envy be swallowed up in the great effort to elevate the standard of dental excellence.

Was it appropriate on the present occasion, I might draw a pleasing contrast on the spirit which characterises the intercourse of the dental profession now and eighteen years ago: one was strictly the age of secret mystery, when not only knowledge was in danger of being feloniously taken, but dental instruments were considered really in danger of changing ownership, or imparting some useful knowledge. The other is an age of generous liberality, as this meeting, the kind hospitality which has met me at every turn of my journey, the readiness which has every where been displayed by my professional brethren, to exhibit their instruments and explain their mode of operating, abundantly prove.

Has not this association been instrumental in bringing about this change? where else can we look for a cause exerting so powerful an influence? True, all has not yet been accomplished—many errors yet prevail; yes, errors which never could be remedied single-handed, but which require united action, co-operative energy and mutual effort. Observation, since the formation of this society, impels me to make one remark, while on this subject, which is, that during the last few years, where I have met with a churlish, unsocial and illiberal dentist, he has not been an active member of this or any other dental association, for any length of time. I do not say that all who thus hold themselves aloof from the efforts now making to elevate dental science, are churlish and illiberal; some good operators, I doubt

not, thus refuse to act, because they think no good can be effected; yet I do think, were they to observe the change already alluded to, that light would burst upon their vision, and they would behold our *dental bark* not so poorly manned as they imagine. I scarce can think that any worthy of the name of dentist are afraid of the strongest light of the meridian sun; many I know there are, claiming that appellation, who grope their way in dark and benighted paths, and are afraid that light will burst upon them, and expose all their deformity. I hope soon to see this number diminish, and all who view our vessel too rotten for repair, utterly desert her; we want no such hangers on to the sides of our craft, to disgrace her beautiful proportions, for she is a noble vessel, fit for any sea, safe in any storm, none too good to grace her decks, the noblest can find an honorable berth aboard, and rest secure beneath her outspread sails. What vessel rides more gallantly the onward wave to greatness; although often manned by an inexperienced crew, she falters not in her course; she has weathered storms from without and storms from within—the indiscreet blows of friends, and the insidious attacks of traitorous foes—yet with all these drawbacks, her fame is advancing, her utility increasing, and her worth more and more appreciated. What, let me ask, might have been her destiny, if always only a worthy crew had been aboard, and at her helm none but those worthy of so great an honor.

Dental science, thus trammelled and fettered by a host of unworthy pretenders, has continued to advance in importance, until her services have become indispensable to the health and comfort of nine-tenths of the community. Why, Mr. President, let me ask, do not all these avail themselves of the benefits to be derived from dental operations? The cause of dental science, our interest, and the public good, require that this question should be properly answered. Perhaps a few moments can be as well spent in investigating the cause, as in any other way.

What, then, is the cause? I answer, want of faith; and this want of faith is produced by the many imperfect and unskilful operations which disgrace our profession. I ask not for that mustard seed of faith necessary to remove a mountain, but sim-

ply that faith which is founded on the evidence of things seen, and less than is necessary to believe that every pretender is equally qualified with the most skilful, to discharge the duties of the profession—less than would induce a belief in the dental ligament, or that all dental operations can be effectual without producing any pain—only that faith which must believe that skill and care are necessary to preserve the dental organs. I take it for granted, that there is enough of that which is good, daily seen as the result of dental practice, to produce that faith in the mind of every careful observer. But we must recollect that one failure produces a greater impression than a dozen successful operations: a hundred cases might be given to illustrate this; one case shall suffice. A village is visited by a dealer in dental notions—one of your real knowing chaps, who would not deign to spend more than three or four weeks in acquiring any profession: his first case is an aching tooth; this he plugs, instead of extracting; the pain is increased, and the whole village sees the swollen, distorted countenance of their neighbor, and he, in his agony, exclaims, “it is the last tooth I’ll ever have plugged; away with your dentistry, it is a humbug.” Not one effort has been made to ascertain the qualifications of the operator, or the cause why the operation should not be of service, but the whole profession is viewed as being on a par with this poor ignoramus; perhaps a hundred teeth, plugged so as to be effectually preserved, would not, in one year, counteract the effects of this bad operation.

But I take it, there are a great many reasons which operate to produce this want of faith, and indeed they are, in many places, formidable ones, for scarce a countervailing evidence exists, to eradicate the influence exerted by bad operations. Yet I think that all can be satisfactorily explained and accounted for, when we take into consideration the many errors which prevail in relation to dentistry. Let us, then, take a hasty glance at some of these errors, and, if possible, arrive at a remedy. I know not that these errors are as numerous in the east as in the west, yet I doubt not you have much error to contend with, more than is in any way desirable in practice; I shall speak, however, more in reference to the actual state of things in the west.

I think I have somewhere seen a book, styled every man his own doctor. How often do we see this principle acted upon, by those who have never studied medicine. They are continually attempting to doctor themselves, while those who have studied most, scarcely ever do so in dentistry. Scarce a sufferer from decayed teeth or toothache, but has a remedy for both. They can trace the cause of decay from one stage to another—point out the phenomena of disease—dilate largely on the sharp, the dull, the heavy and the jumping toothache—tell terrible tales of swelling and bursting of the teeth—and wind up with the perfect charm-like effect of their remedy. In their theorising, they entirely forget the natural law of cause and effect, the laws of chemical affinity, and the difference between the dead and living tissue; all this matters not, however, to them—their happy state of ignorance shields them from any mortification which they might otherwise endure.

An accurate history of all the nostrums which have been recommended for the cure of toothache alone, would fill volumes, and unfold a mass of ignorance and superstition, perfectly humiliating to look upon. Superstition is too deeply rooted, and has too strong a hold on the feelings and prejudices of the mass of mankind, to be eradicated, in the natural advance of science, in one or two generations; nothing but the continued dissemination of truth, yea! all potent truth, before which error must vanish, can ever affect this great object. Medical science, in all its various departments, lay for centuries enveloped in the mantle of superstition; the labored researches of the great and wise have done much to cast off this garment of shame; and the study of man, the great masterpiece of a wondrous creation, in all his varied organization, with all the phenomena of healthy and diseased action, has become—save one—the most important which can engage our attention. How important, then, that this study be stripped of all the errors which naturally retard the advancement of science, and that the mind remain perfectly untrammelled in the reception of that truth which shall be elicited in our investigations.

I might name a fondness for that which is marvellous, as one of the errors which prevail to an alarming extent; this induces

a susceptibility to a disease, with us called humbug, an epidemic, (if I may so define it,) which has prevailed for a long time, and, although generally not very fatal of itself, yet lays the system liable to more serious forms of disease, which often terminate in death. The patient, laboring under this disease regards but little the dictates of sound reason, but rather, like the inebriate with his bowl, becomes fond of it, and, notwithstanding all he suffers, as soon as convalescent, exposes himself to a relapse. But as this is more a disease than an error, I will resume the direct subject of my address.

The first error I shall notice, is more particularly confined to our profession. It is an impression that it requires no study, and but little mechanical education, to prepare the student for the practice of dentistry; the great desideratum appears to be mechanical genius. Perhaps, of all the errors which operate against the advancement of dental science, this is the most appalling; for, so long as this notion prevails, young men will not devote that time and study which is important in the preparation for practice. This error is sustained, too, by many who have acquired some reputation as dentists; who forget or disregard the honor and interest of their profession, for the sake of a small fee, and, to be consistent, labor to make their students believe they are adepts in the dental art.

Thus after laboring hard for years to arrive at the eminence they have attained, they go to work and do all in their power, indirectly, to demolish the superstructure they have sought to erect. This is no idle imagination, for it occurs daily around us, and the country is flooded with dentists of a few weeks' preparation. These again take students; and not knowing quite as much as their preceptor, and perhaps having an exalted opinion of their talents for teaching, or feeling that two or three weeks is sufficient to learn what they know, they at once establish this as the term of tuition. So long as this continues, our profession will never be deficient in the number who claim to compose the fraternity.

You are met at every turn with the assertion that any man can plug a tooth. Neighbor such-and-such-an-one extracts teeth; and by-the-by he pulls well too, for he holds on with a

death grip, and pulled me three times around the room, and broke my jaw too, but he brought the tooth. This is the estimate many place on dental operations, and is often induced by that utter disregard of correct principles shown by many who claim to be dentists. The operation for cataract is a nice and delicate operation; no one would think of employing an incompetent oculist to operate on his eye—yet I venture to assert, that any young man of ordinary talent can sooner learn to excel in that operation, than in the plugging or even extracting of teeth. Let us then take the treatment of all ophthalmic diseases, and make a distinct profession of it, as it really is.

Who would think of going into the office of an oculist, and learning his *trade*, as they call it, in a few weeks? Am I told, however, that this is not a just comparison. Why not? The operations strictly dental are more numerous, tedious, and difficult to perform than those properly ophthalmic. But, says one, the diseases of the eye require medical treatment, and this cannot be done without a proper medical knowledge. I admit all this. But are not the dental organs also subject to disease, and equally require medical treatment? There is only this difference—we have thirty-two teeth and only two eyes, and, unfortunately for dentistry, the thirty-two teeth can be more easily parted with than the two eyes. A man will make some effort to preserve his organs of vision; when, at the same time, he will regard it as wrong—yes, as positively sinful, to attempt to preserve his organs of mastication. Both constitute an important part of the system—both are subject to disease, which exerts directly or sympathetically an influence on the general organization—each performs an important function, which cannot be dispensed with without curtailing the pleasure or endangering the health of an individual.

I never could find out what the teeth had done that they should be so neglected. Some appear to dislike the idea of having any thing as a part of their system of so hard a texture, for, from the earliest period of life, they studiously avoid all effort to preserve them. They take some care of their face and hands, but their teeth—O they must take care of themselves. Hence they soon fall a prey to utter negligence.

If diseases of the eye affect the general system, and show the importance of a knowledge of that system, the diseases of the teeth exert equally as pernicious an effect, and demonstrate the same fact. Indeed far more injury is caused to the general constitution by dental irritation than by all the ophthalmic diseases which prevail—disease of the latter is often induced by disease of the former; hundreds, perhaps thousands, suffer from dental disease where one suffers from disease of the eye. If the relative merits of any profession was valued by the amount of benefit derived from it, none would hold a more important rank in the estimation of the public than that of dentistry. Every year I am more and more convinced, that the influence of dental irritation on the system, and the effect thus produced on other diseases which *affect that system*, is not, by any means, properly appreciated.

One of our most celebrated western oculists has become so well convinced of this fact, that almost invariably he examines the condition of the mouth before any general course of treatment is adopted. He contends, very properly, that all cause of irritation must be removed, before any permanent benefit can be expected from the use of medicine. The importance of this will be easily appreciated, when we recollect that the fifth pair of nerves, or trifacial, sends off at the ganglion of Casser three branches—one to the eye, and one each to the superior and inferior maxillary bones. Thus distributing to the eye, teeth, tongue, and, indeed, the entire face, an expansion of nerves intimately connected, and sympathising with each other in every attack of disease.

Another error which I shall notice, and which prevails to a considerable extent, is, that cheap materials will answer as well, and preserve the teeth as long as pure gold.

Unfortunately, this error also receives countenance from many who claim to be dentists. Cases do occasionally occur when a cheaper material than gold may be used without any censure to the dentist, but never when recommended as equal. Many persons, not able to have their teeth filled with gold, would do well to have them stopped with tin. But there are other materials which, notwithstanding the great efforts of this society, and I

believe well informed dentists everywhere, to prevent being used in the plugging of teeth, yet is used, and recommended by hundreds; I allude to mineral paste. It appears, that of late a regular itinerating business of paste-stuffing has sprung up throughout the length and breadth of this land. Go where you will, and whatever town or village you may enter, there you will find the track of this pestilence. Scarce a neighborhood but has been dosed with the royal succedaneum, and have suffered, and are still suffering from its pernicious effects. The very able report by Dr. Westcott, published in the fourth volume of the "American Journal and Library of Dental Science," preclude the necessity of saying much on this subject. The "Mississippi Valley Association of Dental Surgeons," at their organization last August, seeing the extent of this evil, and feeling the importance of expressing an opinion on the subject, passed, unanimously, the following resolution:

"Resolved, That we consider the use of all mineral paste, or other paste, in the plugging of teeth, as unprofessional and highly injurious, and that we will neither use it, nor countenance its use by others."

That a paste may ultimately be made, other than a compound of minerals, which may answer the purpose, I am not able to determine. When this does take place, and it answers the great purpose of preserving the teeth, I shall, for one, hail it as an epoch in dentistry, which will soon mark with perfection our art. Let this be accomplished, and so made as to adhere to the tooth, possessing proper color, and capable of being enamelled, and it would lead to results in our profession scarce less than the introduction of steam on our mighty waters. The pure gold is an article, however, which possesses all the requisite qualities for the plugging of teeth which we may expect from any mineral substance, and when properly used, must meet every reasonable expectation of the patient.

But, Mr. President, there are not only errors in relation to the use of materials for the filling of teeth, but errors also prevail in relation to the utility of certain operations, one of which I shall particularly notice. One tells us his teeth were ruined by the use of the file, another by cleaning, and the third lays it all on

the use of calomel. That teeth may be injured by all these methods, I am free to confess ; but not to that extent, or in the manner generally supposed. Let us first examine the objections to the use of the file, and see if they are well founded.

In using the file, the first object to be attained is the separation of the teeth, so as to expose the decayed surface. I take it for granted that no man is so fond of this operation as to file apart sound teeth. It would be just as rational to take medicine when well, to prevent sickness. But there is a disease, and our object is to get rid of it, and at the same time, as much as possible, prevent its recurrence. I know of but two ways to effect this—one by plugging, and the other by filing and removing the disease with such other instruments as are useful for that purpose. When the teeth can be filled, this, of course, is the operation which should be performed. But there are cases where this is impracticable, and here I contend, the use of the file is proper. It is also almost indispensable in the preparation of teeth decayed between, for plugging ; and here, perhaps, more such operations fail because of the inefficient use of the file than from any other cause—for the cavity must be well exposed, or it cannot be properly filled. But the question recurs—will the removal of the decayed part (when not sufficiently deep to admit of a plug) arrest the further progress of the disease ? I conceive the presence of a cavity in a tooth, whether from decay or otherwise, always exposes the part to the causes which bring on decay ; hence, we find, that in the natural indentations and depressions of the teeth, disease generally first seats itself. This indeed forms the very basis of the present generally received theory of decay. Experience, however, proves beyond a doubt the utility of this operation. Hundreds of cases can be seen in almost every city, where teeth have thus been preserved for twenty, thirty, and even fifty years. But, says the objector, you file away the sound part of the tooth. In reply, I say, I file in no farther than the disease has penetrated, and remove that part only which can never preserve the tooth ; but which, indeed, retains, as it were, the disease, and gives it opportunity to act on the sound part of that organ. The portion of the tooth removed, other than that already decomposed, is the enamel, which had

once covered healthy bone. This diseased mass now requires no such covering, except, indeed, to retain the agent which promotes the decay. I cannot conceive any action of the file which would aggravate the disease already existing. If the action of the decayed portion of the tooth is more pernicious to the living substance than the air we breathe, and the fluids of the mouth, it is certainly important that it should be removed. Whether we consider this disease a caries or gangrene, or whatever term we may use to designate it, it is, at least, the destruction of the vital principle, which keeps, as it were, in a state of cohesion the bony structure. The vitality may be destroyed in the tooth, and yet this cohesion remain; yet this is always more or less destroyed where decay takes place.

The surgeon hesitates not to remove with his knife a cancerous tumor; and, although seated in that part of the system possessing, more or less, the power of recuperation, yet experience has shown that the most certain and effectual method of cure is the entire extirpation of the disease. He, therefore, cuts not off merely the surface of the disease, and leaves the vis medicatrix nature to accomplish the balance—no! he boldly cuts down, and aims at the entire removal of the dangerous disease. Thus would I act if I wished to arrest the decay of the teeth by the use of the file. When thus used, and at the proper time, a more effectual method of preserving the teeth is not within our reach.

I shall not attempt to describe the method of using the file, for I am merely speaking of those errors which prevail in relation to dental practice, and have more particular reference to that prejudice which exists in the public mind on this subject. There is no prejudice which is so often brought to bear on our operations as this. I have known the most intelligent persons object to the use of the file on their children's teeth, when those of their children were present whose teeth had been for *years*, and were still preserved by *this operation*—yes, object with this fact daily before them.

An individual calls on a dentist just when his teeth have commenced to decay; the disease has only made its appearance between the front incisors. These he properly separates, and leaves the filed surfaces so that they cannot come in contact. This is

the last he sees of his patient for two or three years. In the meantime his other teeth have commenced to decay between the front and lateral incisors, canines, bicuspides, &c. He lets it progress until perhaps too far gone to be arrested by any means of our art. He then goes to another dentist, and wants something done, and has a long tale to tell of the miserable operation before performed, and contends it was the cause of the loss of all his teeth; when at the same time the best teeth he has are the two that were filed. I am not merely drawing on the imagination for a case, but have given the history of thousands that occur.

In 1831, I had the pleasure of performing a small operation for an intelligent young lady, near the city where I now reside. The operation was confined to the plugging of a molar tooth, and the separation of the front and lateral incisors, which had commenced to decay. Twelve years rolled around before I again had an opportunity of examining her teeth. I flattered myself that I had some hold on the kind regard of this fair lady. What think you was the salutation after this long absence? It was this—Doctor I have laid up for you a dreadful scolding—for at such a time you filed my teeth, and ruined the whole of them. With some hesitation, she permitted me to examine her teeth, and truly a lamentable devastation I witnessed. Scarce a sound tooth had she in her mouth—all the front teeth were gone, save half of the front incisor which had been filed; the molar, which I plugged, was the best tooth in her mouth; and on inquiry, I found the teeth that had been filed were lost, not from that operation, but from the disease which had attacked the adjoining teeth; and this was made apparent from the filed half of the front incisor which remained; and yet she labored under the belief that the separation of the two teeth had been the cause of the loss of all her teeth.

This case, when properly investigated, showed the utility of my operation, and conclusively proves that with proper care, her teeth might have been preserved. The operation had accomplished all that any operation of the kind could accomplish, but had not done all she expected—for she thought it should also preserve the other teeth.

From the great number of similar cases which occur, and that

too among the more intelligent, I have come to the conclusion, that an individual may be well informed on general subjects, and yet vastly ignorant as it regards his teeth.

This is not as it should be—for no part of the system requires more care to preserve, but if properly attended to, no part is more certain of preservation. Does it not then become us as members of the dental profession to change, as it were, public sentiment, and diffuse that knowledge which is so essential to the preservation of these organs.

The notion which prevails to some extent in relation to the cleaning of teeth, scarce deserves a particular notice. Some savages think it great folly to wash their face and hands; they even plaster on a coating of oil and dirt to add beauty to their person and shelter themselves from the attack of gnats, and other insects, which abound in their country.

Tastes you know, vary, and fashions change with the season. Some have a taste for dirty teeth, and like that fashion best which affords least labor. At present, I shall not quarrel with such on this subject.

The next error to be attended to, is that which prevails, as it regards the effect of calomel (the sub-muriate of mercury) on the teeth. Perhaps any thing when taken into the mouth, and suffered to remain sufficiently long, which has a greater affinity for lime than the phosphoric acid, and not in combination with a base, for which it has a still greater affinity, would exert its chemical action, and decompose, as it were, the structure of the tooth. None who regard the cause of decay as a local chemical agent would deny this—for our treatment of this disease in all our operations is based on this hypothesis.

There is no notion much more prevalent in the community than that a few doses of this medicine will bring on decay; and although this opinion is so often expressed, and is continually made to ring in the ears of every dentist, yet I have never seen in any of our standard dental works a thorough investigation of this subject. Most, indeed, pass it over in silence. Many dentists think it highly injurious, and, like sulphuric acid, should be taken through a quill.

I grant that this medicine often does produce a disease more

to be dreaded than decay, yet this is generally from an improper use. The best gifts of a bountiful Creator are sometimes abused. Let us remember that reason was given us that we might use the bounties of Providence in a rational manner, and thus even make the most virulent poisons subservient to our use.

Let us, however, first examine the chemical action of this agent on the teeth, when taken into the mouth. The structure of the teeth consists in the union of about forty-eight parts phosphoric acid, and fifty-one lime, with some animal matter. Thus it may properly be considered a sub-phosphate of lime. It is this substance which forms the basis of animal bone.

The sub-muriate of mercury contains to the 100 parts mercury, 13.99 muriatic acid, and 4.16 oxygen; the mercury very largely forming the base, which in its pure state is tasteless, and has no effect whatever on the teeth, it is, therefore, only in its union with oxygen, and some acid, that a chemical action could be expected; and unless that acid should have a greater affinity for lime than the phosphoric, and the latter more affinity for the mercury than the former, no such action could take place.

This we find to be directly the reverse, for the muriatic acid and mercury have a greater affinity for each other than the phosphoric and the mercury, and the phosphoric acid and lime unite more readily than the muriatic and lime. So, according to the laws of chemical affinity, there is no danger of the calomel exerting an injurious effect, chemically, upon the teeth. If it was not for this law of affinity, the muriate of soda (common table salt) would be still more pernicious, for this contains, according to the analysis of Dr. Marcet, forty-six parts muriatic acid and fifty-four soda. So here is over three times as much acid in a given quantity of table salt, to act upon and destroy the teeth, as in calomel. But here again chemical affinity interposes to save the teeth.

The following acids have a greater affinity for lime than the phosphoric, and should be used about the teeth with a great deal of caution—the oxalic, the sulphuric, the tartaric, and succinic; and yet I have known quantities of the dilute sulphuric put up in bottles, and sold through the country as a wash to cleanse and preserve the teeth. Perhaps I may have not given the accurate

comparative affinities of these articles ; but, more strictly speaking, I have given the actual order of decomposition. Heat will, to some extent, exert an influence, and somewhat affect the action of acids on these bodies. What effect will the vitality of the teeth have in resisting the action of these agents ? or will it, in any measure, lay these organs more in danger of decomposition ? I cannot think the latter. These are certainly questions, however, that much concern every dental practitioner ; and I hope will draw forth much investigation in this department of our science.

But, am I asked, how is all this reconciled with the fact, that in the analyses of the teeth, muriatic acid is used ? I answer, that although used, it is not in connection with a base for which it has a greater affinity than for the lime, for if so, it would in no case act as a solvent on the teeth. I am sorry that I did not commence a series of experiments early enough to give the result at this time. We know that the fluids of the mouth are frequently in a vitiated condition, sometimes produced by a disordered stomach, and sometimes by a disordered condition of the mouth itself ; that this vitiated condition of the saliva exerts an injurious effect on the teeth, perhaps none would doubt. I hope, by repeated experiments, and a correct analysis of the saliva in a diseased and also healthy condition, to arrive at the cause of decay. The great difficulty in all our experiments arises from the fact that they have to be made, not on the living but dead structure.

The action of calomel on the system has been accounted for in two or three ways. There is first the mechanical hypothesis, contended for by Atrue, who fancied it to act by its weight, its divisibility and mobility, "thus getting into the blood, and rendering it more fluid and fit for secretion."

And second, there is the chemical hypothesis. Thus, Métié, Pressavin and Swediaur assumed, that it acted on the poison of some diseases as acids and alkalies on each other. Then we have the dynamical hypothesis ; some contending for it as a sedative—some as a tonic—some as a stimulant, and some as an alterative. Our main object, however, is to ascertain what influence it exerts on the secretions of the mouth, and see if it can thereby affect the teeth.

According to Dr. Thompson's analysis, saliva, during mercurial salivation, contained, water 99.286, chloride of sodium 0.090, and the remaining fraction, mucus and albumen; so that only a very small quantity of chlorine can be found in this fluid, even under the most favorable circumstances. In the most careful analysis yet made, only a very small portion has ever been detected, not more, I believe, in the saliva than in almost any other part of the system. Thus, from the best evidence we have on the subject, calomel does not act chemically on the teeth, either locally, or through the secretions of the mouth. That this remedy sometimes acts very powerfully on the absorbent system, none will deny; and when this is the case, very injurious results may take place, to the dental organs, or more particularly to the periosteum and the soft parts of the mouth; for perhaps there is only one period in life, when it could even then exert a pernicious effect on the structure of the tooth, and that would be while the teeth are in process of formation. According to Rousseau and others, inflammation in the parts concerned in this process, during the development of the teeth, will show itself in erosions of that organ. But this only affects that portion formed during the action of this medicine, or during the disease, and, consequently, salivation would only affect that portion of the tooth formed during the action of this remedy. It seems very probable, that, during a severe salivation, the secreting vessels which form the teeth, can be so far divested from natural and healthy action, as to perform but imperfectly their appropriate function. This is a subject which I think yet requires a great deal of investigation, and is of great importance to our profession.

I think it a very great desideratum, to know the particular action of all the various remedial agents on the teeth; in this way alone may we expect to arrive at the true cause of decay, and also the proper treatment by which to prevent it. There are so many causes to modify or excite the action of chemical agents on the teeth in the mouth, which do not operate on inert matter, and out of the mouth, that what may affect a tooth in the mouth of an individual, would not out of it, and *vice versa*; so that, what would destroy a tooth out of the mouth, would, perhaps, in the living system, exert no pernicious influence.

I did intend to have said something on the effect of mercury as one of the exciting causes of that most troublesome disease, alveolar absorption, than which there is none other which causes the dental practitioner more trouble. But I find, Mr. President, that to do justice to the subject would have required more time than I had to devote to the subject, and would occupy, of itself, at least one address before this society. Besides, I set out with the intent of speaking of the various errors which prevail in relation to dental practice; and I find to enumerate the whole would make a short address, and at the same time afford a gloomy picture to dwell upon.

Yet permit me, briefly, to allude to another error, which, perhaps, does as much as any other, to make business for the great numbers which crowd our profession. This is the idea that when the nerve is once destroyed, there is a complete relief thereafter to the toothache; hence the various nostrums daily in use for that purpose. Perhaps there is no disease for which so many specifics have been discovered. Scarce an eight by ten sheet published in these United States, but contains one or more remedies for this horrible disease, generally headed, an infallible remedy for the toothache—an effectual cure for do.—the only specific ever yet offered to the public, for that distressing complaint, the toothache; and the pain is sometimes not only to be relieved, but the tooth is thus to be preserved and rendered useful for life.

I recollect of seeing, a few years since, in a London medical journal, nitric acid recommended as an effectual remedy, and it would not only relieve the dreadful pain in the tooth, but also arrest the further decay of the tooth. Would we be safe in recommending this article as a wash to preserve the teeth? for if it will arrest the decay, it will certainly prevent it. This would at once put a stop to dental operations, and turn us all, gentlemen, on the world, to hunt our living in some other avocation. Let it not be said, that we will destroy our profession in this way. I hope we are all too fond of our science, to thus at once blot it out of existence by a bottle of nitric acid.

It would be, perhaps, difficult to estimate the injury the public sustain by the use of quack nostrums for this disease; hundreds,

yea thousands, sacrifice many of their best teeth, to retain a little longer an old root, or, what is equally bad, the shell of an old tooth, a fit receptacle for all the extra food to undergo decomposition in. I must confess I have no faith in odontalgic nostrums. When necessary to treat this disease at all, other than by extraction, it should be treated according to the strict principles of dental pathology. I know not of any subject on which grosser ignorance prevails, than that of toothache. Almost every thing, from the incantations of the dental conjuror to the scientific passes of the animal magnetizer, has been brought into requisition for the cure of this disease. He who would expect to cure periodontitis, by the same remedy as would relieve an inflamed dental nerve, certainly shows very little knowledge of the parts involved in disease; one is easily relieved by almost any remedy having the least pretensions to specific; the other will not be relieved by all the nostrums which are said to never fail in giving relief; one is an irritable condition of an exposed dental nerve, where an application can be made directly to the affected part; the other is an inflamed condition of a delicate membrane within the alveolar socket, and beyond the reach, to any extent, of any local remedy we can use. One is really a case in which to test the puffed nostrums of the ignorant pretender; the other gives celebrity to the veriest infinitesimal dose of the homœopathist. On the whole catalogue of remedies, thus put forth to relieve this disease, might be written the celebrated inscription, which so much startled the Babylonian monarch, "Thou art weighed in the balance, and found wanting."

But there are other cases often occurring, and somewhat characteristic of the age, if you please, and where no medicine is employed, possessing this advantage over all the others. If it does no good, it will do no harm—a very powerful argument in the minds of old women. Those fine and delicate cords which convey, throughout the system, the sense of feeling, often become morbidly alive to every impression; they vibrate under the gentlest touch of the morning breeze. The slightest tremor sets in motion a discord more jarring than that produced by the fall of the mighty tower which confused all language. A cloud ob-

scures the sun, and refreshes the earth with the dews of heaven, but sends coursing on these magnetic rods a superabundant load of electric fluid.

The fifth pair of nerves, with their dental branches, terminating in a more solid structure, and less disposed to let this fluid circulate than the softer parts of the system, become, as it were, the galvanic battery, and set up a terrible action in the masticating organs of poor frail humanity. Well is it for mankind that a calm succeeds every storm that nature, in her laws which govern the vast machinery of this universe, seeks to restore her lost equilibrium. That for every positive, we have a negative pole; so that this all-pervading fluid soon becomes properly distributed throughout animate and inanimate nature. But should nature move too slow, and this battery keep up too long her shocks on the dental organs, soon (perhaps drawn hither by the laws of magnetic attraction) stands one of nature's *regulators*, and impelled by that same mysterious power, his arms commence to move, and with the gravity of the judge, when about to pronounce the awful sentence of the law on some poor criminal, he solemnly, but gently waves off the superabundant fluid. The nerves sink to repose beneath the downward move of this most potent agent; and, as if fanned by ambrosial zephyrs, the patient calmly and sweetly falls into the arms of morpheus. Here, says one, is a remedy more efficacious than all your drugs, and based on the most scientific principles which govern the animal economy. Truly a new era has dawned upon medical and dental science, and the seventh son no longer holds in his hands the charm by which disease and pain are held at abeyance. Even he who extracts the toothache by an operation on the ear stands appalled; his bloody knife drops from his hand; and soon the race of marked bipeds, like the Indians of the west, will disappear from our midst, and the magnetic doctor stand alone in his glory.

In what an age we live. The sluggish onward trot of steam's propelling power suits not this go-ahead generation. But with the lightning's flash, they must press on to greatness; beneath, above, around, and pressing in at every pore, an agent stands ready for our bidding; as quick as thought, it carries thought

through illimitable space, and reports, with truthful fidelity, every word and sentence, with one foot on the western shore of the Atlantic, while with the other ready to stride the mighty ocean, and land with the latest news instant in London. Scarce can you count the ticks which make up a moment of time, before the circuit of the earth is done, and at your side the faithful messenger is ready for another journey. This all-pervading mighty fluid, invisible, revivifying and electric agent of Him who "rides upon the whirlwind, and directs the storm;" that lights with a lurid flame the ethereal space, as He who speaks in the mighty thunder, directs its course, yields passively to the guidance of enlightened science.

In conclusion, permit me to say, that we of the west look to the proceedings of this society, at the present time, with more than ordinary interest. The success of a similar organization with us depends, in some measure, on the proceedings of this society. For if the national association maintains its dignity of character, and encircles, within its wide expanded arms, none but the worthy and meritorious, the Mississippi Association will find it very easy to follow the example of so distinguished a body of brotherhood.

ARTICLE VI.

Is the Negro subject to Hare-lip?

MESSRS. EDITORS:

In the last number of the "American Journal and Library of Dental Science," 5th volume, page 314, is an extract from the "Western Lancet," headed by the interrogatory—"Is the negro subject to hare-lip?"

Of the thousands of negroes the author had seen in the slave and free states, not one, of any complexion, had hare-lip, and that the observation of gentlemen, who had resided years in slave states, with whom he had conversed, coincided with his own. He adds, "that in his own district, and elsewhere, the deformity forces itself upon him very frequently, but is exclu-

sively confined to the whites," and asks the question—"Is this disparity in the races generally throughout the United States, and, if so, is there a philosophical reason for the difference?"

The inquiry is put to the profession, and their attention is respectfully solicited to it.

A circumstance occurred this morning, which very forcibly reminded me of having read the article while at my brother's house in Baltimore, and of his asking me at the time if I had ever seen a negro who had hare-lip; to which, upon reflecting, I responded in the negative; and but for the circumstance referred to, I know not how long the impression left upon my mind might have lasted.

On arriving at this place, I called at the residence of Dr. Ridout, and, not finding him at home, left my address.

This morning I was favored with a call at my room from the Doctor, and while with me, a part of his time was occupied in examining the Dental Journal. I soon perceived that he had discovered something that appeared to amuse him very much, and found it to be the extract alluded to. He then referred me to a negro woman in this city, and a negro man in the immediate vicinity, who had hare-lip. The woman I have seen. The Doctor also informed me that he had seen several other negroes laboring under the same deformity.

If the conclusions arrived at by the author were true, it would not be more strange nor difficult to account for, than that females are almost exclusively the subjects of bronchocele, or goitre, (commonly called the big neck in females,) than *nevea materni*, or other phenomena connected with the family of *luses naturæ*, are occasionally to be met with.

Since my interview with Dr. R., I have heard of several other negroes who have hare-lip.

Respectfully, &c.

JOHN HARRIS.

Annapolis, July 14th, 1845.

ARTICLE VII.

For the following letter we are indebted to Dr. J. A. CLEVELAND, of Charleston, S. C.—*Eds.*

CHARLESTON, 16th July, 1845.

Early in the month of March, 1845, I was requested to visit, professionally, a negro child about thirty months old, the property of Col. J. L. of our city, who was reported to have a singular appearance about the mouth, resembling a piece of bone growing from and connected with the inferior maxillary, preventing the child from mastication, and it could only eat fluids, and that but sparingly. I found the child in an extremely emaciated condition—having been suffering for five months; upon examining it with some care, I found the bone (inferior maxilla) in a state of *necrosis*, extending from the canine tooth on the right side, along the whole bone on its entire aspect, to the articulation on the left. The anterior portion of the bone had been raised from its position natural, and becoming elevated as far back as the ramus on the left, and its point, which was rough and very rugged, fixed in the soft parts on the right side of the corner of the mouth, and from this state of irritation an extensive and frightful ulcer was developed. The only question suggesting itself was, whether the child, in its then emaciated condition, could survive the operation; the chances I considered as equal, and determined upon dilation of the soft adhering part within the mouth, and removing the whole mass, which was accordingly done, and with a pair of strong curved forceps, the bone was seized as far back as the bend, and by a careful rotary motion of the hand, the disarticulation was accomplished, and the bone removed. Within a few days, a decided and pleasing improvement was observed; and in four weeks, I was enabled to return the little sufferer to the country.

It may be asked, and with propriety, what was the exciting cause of so frightful state of things?—had the child taken mercury in any of its forms? I think I may safely say *not*; having been myself in attendance on the plantation for ten years, and can safely say none; but the disease may be, and probably was

sui generis, or the result of some local hyperimia—the result of the process of dentition.

This case settles the question definitely as to whether nature of herself is capable of reproducing the bony structures entirely ; in this case, not only the whole bone has been reproduced, but dentition also—being now armed with two formidable grinders.

Should this case prove, in your view, as interesting, you can use it as you think proper.

I am, dear sir, very respectfully, yours,

E. S. BENNETT, M. D.

To J. A. CLEVELAND, D. D. S.,

Charleston, S. C.

ARTICLE VIII.

General Items suggested by a Review of the Minutes of the Last Meeting. By the SYRACUSE EDITOR.

By comparing the transactions of the American Society with the professed objects of this association, as set forth in the preamble to the constitution, what do find to be the result? A superficial glance would, perhaps, decide, that few of the objects were gained by these meetings ; but we think that although they have not been as profitable to the *members of the association* as they might have been, or as they will be, when the organization of the society is complete, and they have less call for warring against quacks and quackery ; yet they have been all that circumstances could admit of, and the result has been salutary, both as regards the final prospects of the society, and the general good which this association promises to the public. It could hardly be expected that the first attempt at organizing and conducting a national society should be faultless, yet it has at least served the purpose of a standard to rally under, till a more perfect one could be reared, and it must be confessed that this work of remodeling has employed the attention and time of this society much to the exclusion of that which might have

been more profitable to its members, for the time being. But it was as necessary to occupy the time in this way till the organization and structure was complete, as to finish a *ship* before it was sent out to contend with the ocean's storm, and to be an instrument of profit. At the outset, there seems to have been more regard to speed than safety; and although it was found that the American Society was making headway, she was doing so at the risk of her own safety—possessed “more sail than ballast.” To remedy this, has been, to a very great extent, the business of the last two or three meetings, and it tended very greatly to retard her progress in the attainment of some of her professed objects. But, from the great ability of the committee in whose hands this work of remodeling has been placed, and from the accumulated experience of this society, in respect to such laws as are safe in practice, we have great confidence to believe that very little time, after the close of the next annual meeting, need be absorbed to place this society on that firm basis which will stand the test of time and experience. As on the laws, which will doubtless be proposed by this committee, will hang the future well-being and success of this association, we hope all who feel an interest in the perpetuity of this institution will make the necessary sacrifice to attend the next annual meeting, and assist in adopting them.

Another topic which has absorbed much of the time of these meetings, is the exposition and suppression of quackery—particularly as exemplified in the use of amalgams for filling teeth. The great unanimity of feeling upon this subject, by members situated most remotely from each other, expressed in essays, prepared by them before leaving home, must have forcibly struck all who were present at the last annual meeting. It seemed as if they had unanimously agreed to write upon the same subject, and treat it in the same way—each vying with the other in their efforts to condemn it most strongly. Dr. E. Parmly, in his opening remarks, spoke upon this topic in his usual candid and forcible style, reprobating it not only in general terms, but more particularly as connected with the American Society. Dr. P. was followed by Dr. J. H. Foster, who, in an opening address to the society, treated the same subject with an ability and earn-

estness calculated to force every *living* quack to abandon his way, and have rendered the prospect of a resurrection exceedingly uncomfortable to *dead* ones.

The same sentiments were expressed by most of the other essayists, from different parts of the union. This subject occupied more than half of the whole session, and the grand result of the deliberation and action would have compensated the society most richly for a month's session. This species of quackery was entirely disposed of, so far as regards the society, and received its death blow, as regards the public, without limit.

The unanimous vote to expel from the ranks of the society all who refuse to pledge themselves not to use it, and, moreover, to condemn it; together with the efficient measures adopted to test every member, and thus "divide the house," will be hailed as a bright and glorious act in the history of this body in all future time.

The circular letter upon this subject, proposed by Dr. E. Parmly, and which has had a general circulation, will do immense good; and for which, Dr. P. deserves the most cordial thanks no less of the profession than the public.

There can be no remaining doubt that this, as a time-absorbing subject, in connection with the annual meetings, is disposed of, and that to the entire satisfaction of every *worthy* member.

That there are other species of quackery which will hereafter come up for the action of the society, we have no doubt, yet we can safely assert, that by freeing our ranks from *this queen bee*, in the quack's hive, we have accomplished very much towards the extinction of the entire swarm. To suffer any one subject to absorb so much time and attention as has this, at our annual meetings, especially to the exclusion of those more pleasant and *directly* more profitable to the members, requires some good reason. This reason we have most amply in the following considerations:

1st. It is carrying out one of the direct, and most important, objects for which this association was formed.

2d. This species of quackery may be justly regarded the embodiment of all others. No man who has so little self-respect as to use this amalgam, to any considerable extent, will refuse to

stoop to any species of quackery, which can contribute to his pocket; and so far as our observation has extended, there are very few who have kept aloof from *this*, that have adopted or practised *any other* species to any alarming extent. Strike from the list of practising dentists those now habitually using mineral paste as an article to plug teeth, and we venture to say, that few, if any, would remain who could not be justly regarded good practitioners. We by no means intend to say by this, that if we were to strike out *this item* in the practice of those referred to, we should make them either honorable men or good practitioners; but as we weaken public confidence in *this* vile deception, and enlighten the public mind in respect to it, we not only blot out this particular species of quackery, but, to a corresponding extent, weaken the power of these charlatans to practice this, or any other deceit, by pointing to them as the men who have, in at least one way, imposed upon the community, and filled their teeth with no higher motive than filling their own pockets, and this regardless of consequences.

3d. This kind of quackery presents to the uninstructed and unsuspecting more *prima facie* evidence of being worthy of confidence than any other equally dangerous.

The public, we may say, generally judge by *visible* results. If a man professing to be qualified to plug teeth, and uses *any kind of foil* for the purpose, any lack of ability will soon be discovered, by its sudden disappearance; this the public can see and appreciate, and hence such men very soon lose their ability farther to impose upon the community. Far fewer are able to judge of the healthy state of the mouth. When, therefore, a man claims that *he* has an article with which he can fill teeth, and "*which will not come out,*" and "*which by its great hardness, actually restores the teeth to soundness;*" and when, after the lapse, perhaps, of a year, these patients find sure enough it *has not* come out, they are perfectly satisfied that mineral paste is just the thing. These people have not discovered the fact, that in each of these teeth the process of decay has been and is still going on, and that their mouths are filled with a poisonous oxyd, and, moreover, that the whole mouth is so disordered as to be past remedy.

If one professes to extract teeth without pain by cutting the dental ligament, and a patient finds that his dentist has not only broken his tooth, but perhaps the jaw, this delusion is soon over.

If a dentist professes to kill nerves "without giving pain," and treats an inflamed nerve to a dose of kreosote and arsenic, and thus confines his patient to his room a week, suffering the most excruciating agony, and he finally comes out with a discolored and ulcerated tooth, *this* kind of deception, if not the malady, has found a remedy.

A very similar remark applies to most of the malpractices now in vogue.

To say the least, most quack *operations* will sooner show the fault of the operator than the miserable and detestable practice of filling teeth with amalgam. This is, hence, the most insidious, and requires a correspondingly greater effort to suppress it. In conclusion, we feel that the American Society would have been inexcusable, had they done less to accomplish this end; nor do we believe they will be called upon to do more. Certainly no more than to carry out the action already taken upon the subject. When the attention and time of the society can be less absorbed by these subjects, more may be devoted to the discussion of subjects of practical interest; and from the many that were presented during the last meeting, in the short time devoted to them, we have very much to expect, when a sufficient time is devoted to this field of investigation.

By a special resolution, one entire day is, during the next meeting, to be devoted to the discussion of practical subjects.

In this way, there will be elicited a great variety of facts relating to practice, which would never be called out in any other, for the benefit of the mass. There are many who stand among our first *practitioners*, who would give oral description and explanations, that they could never be induced to write; and this is the only way in which we can ever effect a perfect interchange of views upon practical subjects, and it would constitute a most important feature of the society.

Some have been disposed to complain that the Journal was not more confined to practical matter; but it will be recollected that any detail of practice can be much more easily and perfectly

given orally, than in writing. This, on the one hand, accounts for the absence, in some degree, of practical matter in the Journal, and shows the great benefit to be derived from these oral discussions of subjects. Another reason which may be noticed as also partially accounting for the comparative scarceness of practical matter in the Journal, is the fact, that, it being published by the society, and depending entirely upon voluntary contributions, its subjects would naturally be of the kind occupying the attention of, and discussed by the society; and these, as we have seen above, have been of a less practical nature than would be desirable, or than they may, and doubtless will be hereafter. Still we contend that it was, to some extent, necessary to pass over this ground to prepare the way for the future. We beg leave to notice in this place another feature of the Journal, of which some have complained. We allude to the publishing of articles (excepting bad grammar, &c.) as we receive them. The practice has been hitherto to publish all articles from contributors, deemed worthy of publication at all, without any *material* alteration. This course has been called in question, but we may remark that it is a question having *two sides*. Unless there should be a review department, it is a matter of no small difficulty to analyze every article, and present only the valuable matter. In respect to *theories*, (and this constitutes the chief source of complaint,) it would be wholly impossible, in a journal conducted on the plan of the American Journal of Dental Science, to sift and criticise every theory with which the editors might not agree. It would result in the rejection of at least half the contributions received. Not only so, but we should soon be in want of contributors, were any man, or set of men, to take upon themselves the responsibility and liberty of condemning their productions, either in whole or in part. Nor would it always be certain that the critic would be more nearly in the right than the writer. To say the least, in order to effect any respectful criticism, those undertaking to do so, would be under the necessity of making frequently a longer article than the original one. This the *editors*, situated as they are, cannot undertake. It is, however, understood by all, that the pages of the Journal are open for any discussion, conducted in a respectful and proper

manner; and all are, moreover, solicited to come into the field. It might be desirable that every publication be divested of every thing not practically useful; but it has been found, in conducting most publications, that this is quite impracticable.

But suppose the editors, or a publishing committee, were to have and exercise the prerogative of using the scissors as much as they pleased, and then of declaring to the world that every article having passed this ordeal should be *read* and *believed* as it is, what would be the effect? Unless we go upon the supposition that the reviewers, as well as the review, were perfect, the effect, in our judgment, would be decidedly bad. For, in that case, all the matter coming from this source, the student is bound to believe it to be perfectly prepared to his hand, ready for his adoption and faith. Now we hold that it is the business of the dentist to keep the *teeth* in order, that they may do their *part* in the work of digestion, but to ask us to furnish the *food already digested* would be asking too much. We fear, moreover, that the stomach would perish for want of use. As the case now stands, the student does not expect to find all the matter coming to him through the Journal, freed from all incumbrance and objection; he does not expect this tree, unlike all others, to produce nuts ready cracked and freed from the shuck, but this he considers a work of his own. Even on the supposition that every theory and rule of practice could be perfect, we very much doubt whether the effect would be salutary. It would leave the mind nothing to do, save *remember*, and this would be but a poor way to cultivate the mental faculties, and prepare them for great achievements. It would be a kind of reading illy calculated to illicit talent and greatness. *False* theories are not without their good effects; they often contain facts and suggestions, which, in other hands, have led to the most important results. True, the alchemist did not find the philosopher's stone, but he did lay the foundation for modern chemistry, which has wrought greater changes in the condition of man than all other sciences combined.

Although we have occupied much more space than we intended at first, yet we can hardly forbear noticing, briefly, another topic which was agitated by the society at its last meeting;

that of regulating dental practice by legislative enactment. Our own views upon this subject have been fully expressed in the first number of the fifth volume of the Journal of Dental Science, when treating upon the claims of medical science upon the dental student. Our own observation upon this subject has not led us to regard laws, at least such as have been passed hitherto, with much confidence, in the way of protecting either the profession or the public. This observation we regard too true, even as applied to the medical profession, when the chances for good results are far greater than they can be, as applied to the dental profession.

The great difficulty in making any law available, arises from the fact that it cannot be faithfully executed, for it is impossible for law to fix a standard of qualification that shall be definite. It would be difficult to pass and carry into effect any law which would *assort* those already in practice; and if not, these must be the men to carry out any law which could be passed. And if this is to be the result, it is far better there be no law. A *licensed* quack, of all things else, is to be despised and dreaded.

A law can go no further than to say, that all who are about to embark in the profession, shall obtain certain certificates of qualification, or shall not be authorised to practice. Now we ask who are to give these certificates? If it could be made certain that the examining committee was what it should be, the law might work good results, but we fear this, as applied to the dental profession, would be exceedingly uncertain. Suppose the law authorised state and county societies, as legally constituted examining committees, what would be the result? If it was optional, to which candidates applied, it is fair to presume that a great majority of them would seek to gain admittance in the easiest way, viz. by an examination by a county society.

Now, we venture to assert, were this to be the mode adopted in the state of New York, no course could be taken so well calculated to strengthen and perpetuate quackery.

It is beyond a doubt, that at least three-fourths of these societies would be composed of a majority of those having no claim to skill or science, save that which this law created for them; and who would, as soon as organized, nay legalized, pass reso-

lutions declaring mineral paste to be the very best known substance for filling teeth. And if, perchance, the minority happened to disagree with them in this particular, they would be voted out as unworthy members. Such a law would create for those *now* in practice, a dignity and power that their own qualifications could never have commanded. It would enable them to propagate their exact species, and, what is far worse, enable them all to go forth under the sanction of law. It seems to us that there could be no possible way devised, by which we could so perfectly transmit into the hands of quacks, our own rights, the honor, the dignity, and the last hope of the profession. Let us beware of placing too much reliance upon law, to protect ourselves and the public. Let us rather seek to enlighten the public mind as to what constitutes good practice. Let us enable ourselves by making the American Society what it should be, to say to the public that there is *one* place from whence credentials mean what they say—one association whose certificate is a perfect guarantee for skill.

Bibliographical Notices.

Observations on the Growth and Irregularities of Children's Teeth: followed by Remarks and Advice on the Teeth in general. To which is added a Short Essay on Artificial Teeth. By W. H. MORTIMER, late Surgeon Dentist to the British Embassy at Paris. Second Edition, revised, pp. 129, 12mo. London, 1845.

As narrow as are the limits of this work, we have not had time to give it a careful perusal. We are not, therefore, prepared to speak of its merits nor point out its defects, so fully as we should be glad to do. The first edition, as we learn from the preface, was published during the author's residence in Paris; and in stating the object which he had in view in its publication, we cannot do better than quote his own language upon the subject. He says, it was "to instruct parents in an elementary knowledge of the growth of children's teeth." * * * "It was originally intended that this work should only treat of the growth and irregularities of children's teeth; but finding the subject would only allow of a short dissertation, without entering into

long and unnecessary physiological digressions, it was thought advisable to preface it with a concise notice of the diseases and treatment during the painful process of dentition, and of adding a few remarks on the teeth in general."

The work certainly contains much good advice, and, as a whole, may be productive of some good. We should not, however, be led to believe, from the cursory reading which we have given it, that the author is a man of much experience, or that he had profited much from observation; and as the general reader is more liable to be led astray by the perusal of a work containing erroneous opinions and doctrines, than the professional man, it is important that books of this description should be as free from them as possible.

Medicines, their Uses and Mode of Administration; including a complete Conspectus of the three British Pharmacopœias, an Account of all the New Remedies, and an Appendix of Formule. By J. MOORE NELIGAN, M. D., Physician to Lewis street Hospital, and Lecturer on Materia Medica and Therapeutics in the Dublin School of Medicine. With Notes and Additions, conforming it to the Pharmacopœia of the United States, and including all that is new or important in recent improvements. By DAVID MEREDITH REESE, A. M., M. D., Late Professor of the Institutes of Medicine and Surgery in the Washington University of Baltimore, &c. pp. 453, 8vo. New York: HARPER & BROTHERS, 1844.

The above-named work commends itself to the student of medicine and medical practitioner, not only for its brevity, but also for the very concise, and, at the same time, complete account which it contains of the different medicinal substances, both simple and compound, which have place in the materia medica, as well as that of those of more recent discovery.

Avoiding the usual natural-historical or alphabetical arrangement, the author adopts a physiological classification, "based on the ultimate effects, of remediate agents."

"In describing each medicinal substance, the following plan is adopted:

"1st. The officinal appellation and English name of each article is given; and, in the case of vegetable substance, the native country and botanical classification of the plant from which it is obtained. For the advantage of the student, the most important characters of each medicinal plant are also concisely described.

"2d. The physical properties.

"3d. The chemical properties.

"4th. The mode of preparation. Under this head, the process of the three British pharmacopœias are given in full.

"5th. The adulterations, and the manner in which they may be detected.

"6th. The therapeutical effects, and the uses of the substance in the treatment of disease.

"7th. The dose and mode of administration. Under this head, all the

official preparations of the British pharmacopœias, as well as many of those ordered by the continental and American colleges, are introduced.

"8th. The incompatibles.

"9th. In the case of poisons, the antidote and mode of treatment."

We regard this as a work of peculiar merit, and its value is greatly enhanced by the labors of the learned American editor, in conforming the nomenclature and pharmaceutics of the volume to the pharmacopœia of the United States. Dr. Reese has also supplied a "number of new remedies, and many officinal preparations, both old and new," which were omitted by the author. In addition to which, there are, interspersed throughout the work, valuable critical and practical notes, from the pen of this able writer and eminent physician.

To the medical profession, we doubt not that this work is already extensively and favorably known. Our object, in noticing it at this time, is to call the attention of our own immediate professional brethren to it.

The Half-Yearly Abstract of the Medical Sciences; being a Practical and Analytical Digest of the Contents of the Principal British and Continental Medical Works published in the preceding six months. Together with a Series of Critical Reports on the Progress of Medicine and the Collateral Sciences during the same period. Edited by W. H. RANKING, M. D., Cantab. Physician to the Suffolk General Hospital. Vol. 1, January—June, 1845, pp. 372. New York: J. & H. G. LANGLEY.

This publication needs only to be seen, for its merits to be appreciated. It is issued at fifty cents a volume, or one dollar a year, and we think we hazard nothing in saying that no where can a work be had, containing the same amount of valuable matter, at the same price. The character of the work may be inferred from the two following paragraphs, which we quote from the preface:

"To keep pace with the advance of medical science, by the perusal of the numerous works which are continually proceeding from the press, is a matter of difficulty even for the man of leisure; for the busy practitioner to do so is next to an impossibility. The latter individual, however, is precisely the one to whom a steady and progressive acquaintance with the practical improvements and discoveries of the day is most necessary, as it is he who is the most frequently placed under circumstances requiring a ready fund of therapeutical resources. To render this, under ordinary circumstances, impossibility, a matter of comparative facility, is the object of the present publication. It is intended therein to place before the profession the practically valuable information gathered from the records of all countries, in a form so condensed and tangible, that the man in active practice, to whom economy of time is of the utmost consequence, shall be able at a glance to make himself familiar with the discoveries, new doctrines, and improvements in each department of medical science, the seeking of which in their original sources would have involved such a sacrifice, both of time and money, as few would think themselves justified in encountering.

"The value of similar undertakings to the present has long been recognized on the Continent, as is evidenced by the extended reputation of the *Jahrbucher* of Germany, and the *Encyclographies* of France and Belgium. It is the editor's ambition that he may produce a work which shall occupy, in the estimation of the British practitioner, the same honorable position. In order that he may deserve the accomplishment of this his anxious wish, no amount of toil or expense has been spared by him. Not only is every periodical work of note published in Great Britain, America, France, and Germany, subscribed for and personally consulted, but every standard publication and monograph which can be obtained is analysed as it may come to hand. The editor flatters himself that by this extensive labor he is able to offer to the profession an analysis of the real progress of the medical science more complete than has to his knowledge ever been attempted, as each volume of the "Half-yearly Abstract" will embrace every department of that science."

The publication will require a large subscription to sustain it at the unprecedentedly low price at which it is published. We wish the enterprising American publishers success in their undertaking, and we most cordially commend the work to the patronage of our readers.

Medical Lexicon, or Modern Terminology, being a complete vocabulary of definitions, including all the technical terms employed by writers and teachers of Medical Science at the present day, and comprising several hundreds of words not found in any other Dictionary. Designed for the use of students and practitioners. By DAVID MEREDITH REESE, A. M., M. D., late Professor of the Institutes of Medicine and Surgery, and Medical Jurisprudence, in the Washington University of Baltimore, &c., &c. pp. 240, 24mo. New York: H. G. LANGLEY, 1845.

To the medical student especially, the above work is invaluable. The want of such a dictionary has long been felt, and in its preparation, Dr. Reese has rendered an important service to all who are engaged in the study of medicine. It will also be found very useful and convenient to the practitioner. The work being designed as a Pocket Companion to students, the author has brought it within the narrowest possible limits, avoiding all reference to the etymology of terms, he has confined himself, in every case, to the briefest definition that could be given. For the origin and derivation of words, other Lexicons will still be necessary; but for definitions simply, which is all that it professes to give, this work will answer all the purposes of a larger dictionary.

Stockton's Dental Intelligencer.

This paper contains many very valuable and highly interesting articles on the science and art of dental surgery; and the uncompromising stand it has taken against empiricism, has enabled it to exert a wide and salutary influ-

ence. When it was first started, it was thought by many that it would be discontinued after the issue of three or four, or half a dozen numbers; but, true to his promise, the publisher has now completed the first volume, and, as we learn, is about to commence the second. We wish him success in his undertaking; and the cheapness of the publication, for the amount of valuable reading matter which it contains, commends itself to the patronage of the profession generally.

All efforts to diffuse correct information on this important branch of the healing art should be encouraged. It is due to the public that every practitioner should avail himself of every means of professional information within his reach, and that he labors diligently and constantly to perfect himself in the knowledge of his pursuit. Experience, observation, and research are now daily erecting higher, and still higher standards of skill in this, as well as in all the other departments of medicine, so that a much greater amount of industry and effort are required to keep up with the improvements of the present day than were necessary to keep pace with the progress of the art, half or even a quarter of a century ago; and he who has not ambition and pride of character enough to use sufficient industry, and exert the necessary effort to acquaint himself with them, should at once quit the pursuit, and engage in something which requires a less vigorous exercise of his intellectual and physical energies. The practitioner of dental surgery, no matter what may be his qualifications, should labor hard, and constantly, for higher professional attainments, and never rest satisfied with his present acquisitions.

The British American Journal of Medical and Physical Sciences.

The publication of the above-named Journal was commenced in March last, and, from the ability with which it is conducted, has already secured for itself a high rank among the medical periodicals of the day. It is edited by Archibald Hall, M. D., Lecturer on Chemistry in the University of the McGill College, and is published monthly in quarto form; each number contains thirty-two pages. So valuable a collaborator in the field of medical science, will, no doubt, be liberally sustained. We have received the July and August numbers, and should be glad to obtain the preceding ones.

The Buffalo Medical Journal.

This is another new laborer in the field of medicine; and, judging from the matter and appearance of the fourth number, which is the only one we have received, it promises to be a valuable accession to the medical periodical literature of the United States. It is edited by Austin A. Flint, M. D., and is issued in monthly numbers of twenty-four pages each.

Miscellaneous Notices.

SIXTH ANNUAL MEETING OF THE AMERICAN SOCIETY OF DENTAL SURGEONS.

The Society met at the Stuyvesant Institute, Tuesday, August 5th, 1845, at 11, A. M.

The roll was called, and the following were the members present: E. Parmly, Lewis Roper, Solyman Brown, C. A. Harris, J. H. Foster, John Allen, E. Baker, G. G. Brewster, M. K. Bridges, H. S. Burr, J. W. Cowan, E. J. Dunning, John Harris, S. P. Hullihen, O. P. Laird, John Lovejoy, Alex. Nelson, Robert Nelson, Enoch Noyes, Jahial Parmly, S. W. Parmly, S. W. Stockton, James Taylor, J. Taylor, E. Townsend, A. Westcott, H. H. Young, L. S. Allen, John M. Howe, John B. Rich.

The minutes of the preceding year were read and approved.

The following were appointed a committee to arrange the business of the meeting, viz. Drs. E. Baker, E. Townsend and A. Westcott. After a short conference, they recommended the following order:

First.—To receive the reports of committees, viz.

1. To prepare a memorial to present to the Legislature, in behalf of the American Society of Dental Surgeons.

2. The Treasurer's Report.

Second.—Addresses and Essays.

1. Opening Remarks, by E. Parmly.
2. Opening Address, by J. H. Foster.
3. Essay, by E. Townsend.
4. Essay, by E. J. Dunning.
5. Essay, by J. Taylor.

Third.—Voluntary Essays.

1. Essay, by E. Baker.
2. Essay, by J. Allen.

Fourth.—Promiscuous Business.

A letter from Dr. C. A. Harris was then read, and action upon it was deferred till it was certain whether he would be present at the meeting.

On motion of Dr. J. B. Rich, the following resolution was offered and adopted, viz.

Resolved, That a committee of investigation be appointed; such committee to consist of five members of this association, to be nominated by the

chair. The duty of the committee, so appointed, shall be to call upon each of the members *now* in this city, with the view to ascertain from each member whether he has used any amalgam in the course of his own practice as a dental surgeon, or approves of its use; and if he has used it, whether he has done so within the last twelve months.

And it is further Resolved, That the said committee of five be particularly requested to obtain, if possible, a direct answer on this subject, from each and every member so called upon.

The committee appointed pursuant to the above resolution, was the following, viz. Drs. J. B. Rich, J. Taylor, J. Allen, E. J. Dunning, and Alex. Nelson.

After the passage of the above resolutions, a spirited debate ensued, not only in relation to the rights of the Society, so to call upon each member, and to demand an exposition of his practice, but also in relation to the propriety of ever using it, under any circumstances. Among those who advocated the ground of this right, and that its use was *never* admissible, were E. Parmly, J. Parmly, J. B. Rich, A. Westcott, A. Nelson, and several others.

The principal advocate for the position that it was occasionally admissible, was E. Baker. Although Dr. B. admitted that it was, in general terms, a "vile and *nasty* substance, and that it was capable of producing only the worst of effects, unless when used in teeth which could not be filled in any other way," he contended that, in "certain cases," it could be judiciously employed. Dr. S. Brown questioned the right of the Society to demand of its members their private practice, and contended that "no one ought to be required to pledge himself not to use any article, as his *conscience* might demand that he should use it."

Adjourned to Wednesday, 9, A. M.,

Wednesday, August 6th, 9, A. M.

After the calling of the roll, an address was given by the President, Dr. E. Parmly.

On motion of Dr. C. A. Harris,

Resolved, That the address of Dr. P. be requested for publication, and that a committee be appointed to take into consideration certain parts of it, with reference to carrying out many important suggestions which it contained.

Drs. C. A. Harris, Westcott, S. Brown, Bridges, were that committee.

After this, Dr. J. H. Foster gave his opening address, which was ordered to be published, subject to the revision of the above committee, in connection with Dr. Foster.

Dr. E. Townsend read an essay, which was ordered to be published.

Dr. Harris read a letter from W. A. Palmer, asking the Society if it would grant him a diploma, on certain compromising terms.

On motion of Dr. J. B. Rich,

Resolved, That his letter be laid upon the table; that his name be stricken

from the list of members, and that he be notified of the action of the Society upon his case.

A letter was read from J. Smith Dodge, tendering his resignation.

On motion of J. B. Rich,

Resolved, That his resignation be not accepted.

Adjourned to 4½, P. M.

Met agreeably to adjournment, at 4½, P. M.

The meeting was opened by an essay from E. J. Dunning.

Mr. D's essay was ordered to be printed in the Journal.

Dr. James Taylor read an essay, which was also requested for publication.

Adjourned to 9, to-morrow, at this place.

Thursday, 9, A. M.

Dr. E. Baker read an essay, which was requested for publication. Whereupon S. P. Hullihen offered his "protest" to its publication without stricture; and Dr. H. proceeded to comment on certain portions of it. This, however, was objected to, as being out of order, and the essay ordered to be published.

The committee formed for the purpose of calling upon the different members of the Society, to get information relative to their practice in respect to using mineral paste for plugging carious teeth, made the following Report, viz.

No. 2. Report of the Committee of Investigation.

The committee of investigation, nominated by the chair, and deputed to call upon the several members of this Society at present in the city of New York, for the purpose of ascertaining the views of each member as it regards the use of amalgam in dental surgery, report,

That there are twenty-five members of this Society resident in the cities of New York and Brooklyn. Of this number two were absent, to wit: J. Smith Dodge, and Wm. Arnold. The committee, therefore, could not learn the opinions of these gentlemen, touching the use of amalgam.

The committee did not deem it advisable or necessary to call upon I. I. Greenwood or David Rossiter, forasmuch as these gentlemen have not practised during the last twelve months.

On the remaining twenty-one members, the committee of five waited, and ascertained that ten of them disapprove entirely of the use of amalgam, and declare that they have never used it in their practice. The names of these ten members are as follows: Eleazar Parmly, Jas. Alcock, J. H. Foster, Elihu Blake, Janial Parmly, C. S. Rowell, P. Houston, Sam'l W. Parmly, E. J. Dunning, John B. Rich.

Of the eleven members still remaining, the committee have ascertained that five have used amalgam in certain cases; but these five are willing to pledge themselves to abandon altogether its use for the future. Here follow

the names of the five members who have so pledged themselves : Elisha Baker, M. K. Bridges, Benjamin Lord, Chas. O. Baker, J. M. How.

Six use amalgam under certain circumstances, and refuse to pledge themselves to discontinue its use. The names of these six are : John Lovejoy, Nehemiah Dodge, A. W. Brown, George E. Hawes, C. C. Allen, F. H. Clark.

With respect to the non-resident members of this body, now sojourning in the city of New York, the committee have called upon no less than twenty-one. The whole disapprove, unqualifiedly, of the use of amalgam, and only one has used it within the last twelve months, and then merely by way of experiment. These are the names of the twenty-one : Chapin A Harris, Amos Westcott, J. Taylor, E. Townsend, S. Stockton, Solyman Brown, A. Hill, Alex. Nelson, H. H. Young, John Harris, G. G. Brewster, D. D. Crispin, Charles Walker, R. Nelson, O. P. Laird, E. Noyes, J. Allen, S. P. Hullihen, S. G. Pancost, H. S. Burr, Edw. Jamet.

Respectfully submitted,

JOHN B. RICH,	} <i>Committee.</i>
M. K. BRIDGES,	
GEO. G. BREWSTER,	
E. NOYES,	
E. J. DUNNING,	

This report was accepted.

Previous to its acceptance, several gentlemen spoke at some length, in respect to the very pernicious effects of this article, and of the painful reflection in consequence of its having been used by some of our members, even after they knew it to have been thrice declared, by strong resolutions of this association, to be malpractice. There was a unanimous wish expressed, that the action upon it should be efficient, positive and final. Whereupon Dr. J. B. Rich offered the following resolution :

Resolved, That the report just received be referred to a committee of five, to be appointed by the chair. The committee to report immediately some plan of action for this Society to take in this matter.

The following were this committee, viz. Drs. Hullihen, J. Taylor, E. Noyes, Rich, C. A. Harris.

A committee was then appointed to examine the Treasurer's report. That committee was : Drs. Bridges, E. Townsend, and E. J. Dunning.

After a short conference, they presented the following report, which was unanimously adopted by the Society, viz.

The committee appointed to examine and audit the account of the Treasurer, respectfully report, that they have performed this duty, and find it highly satisfactory, and is as follows :

Rec'd from members and subscribers, during the past year,	\$ 1486 87
Paid expenses of Journal, &c.	1251 35
Due for membership,	1600 00
Due for Journal,	1360 00

They beg leave, in addition, to state, that, on account of the disordered state of the accounts at the time they were submitted to Dr. Harris, he has had uncommon labor in their adjustment; also, an actual outlay of \$ 50 00 to an assistant, to bring them into their present state. In addition to this, he has been obliged, in consequence of the loss of eighteen half volumes of the Journal, to break his own set, that those for whom they were intended in Europe might not be disappointed. Your committee would respectfully suggest that this Society refund to Dr. Harris the \$ 50 actually expended by him, and fully reimburse him for the loss sustained in the eighteen volumes of the Journal; and also to request his acceptance of \$ 100, as some small expression of our sense of the desirable result produced by his labors. They would further suggest that the thanks of the Society be most cordially given to Dr. Harris, for the very efficient manner in which he has brought chaos into order."

Adjourned till 5, P. M.

Met at 5, P. M.

Dr. John Harris read his essay, which was requested for publication.

On motion of C. A. Harris,

Resolved, That Dr. Robert Arthur have his dues remitted, and that he be furnished with the Journal for the term of seven years, from the time his membership commenced, for his services in translating Blandin's work.

A letter of resignation was read, from Drs. E. G. and J. Tucker, of Boston, by Dr. Foster, who offered some very appropriate suggestions in relation to it. The chair appointed Dr. Foster a committee to confer with the Messrs. Tucker, and, meanwhile, any action was suspended by the Society upon said letter.

A letter was read from Dr. Maynard, preferring charges of unprofessional conduct against Dr. J. Smith Dodge, and requesting some action of the Society upon them.

By request of the President, Dr. E. Parmly, Dr. E. Townsend, Vice-president, was called to the chair, pro tem.

On motion,

Resolved, That a committee be appointed to make some report upon the charges contained in Dr. Maynard's letter.

This committee was appointed by the chair, and was as follows: Drs. J. B. Rich, J. H. Foster, H. H. Young.

This committee found it necessary to delay their report, as Dr. Dodge could not be seen, and they deeming it proper that his defence, if any, should be heard. The subject, therefore, is left in the hands of the committee, to be presented at a proper time.

On motion of Dr. E. Parmly, a committee was formed to draft a letter, addressed to editors of journals, newspapers, &c., upon the subject of quackery. This committee is, as follows: Drs. E. Parmly, C. A. Harris, S. Brown, J. H. Foster, A. Westcott. They were requested to meet at the Athenaeum Hotel.

Dr. Harris read a letter of resignation of membership from E. G. Kelly.

Also, one from Elbridge Bacon, in which he declared himself not to be a member of the Society, and declined paying his dues. This letter was voted to be laid upon the table, on the ground that it did not come within the recognition of the Society, Mr. Bacon having already forfeited his membership.

Adjourned to 9, to-morrow.

Friday, 9, A. M.

Dr. J. Allen, of Cincinnati, read an essay, and exhibited an apparatus for restoring the shape of the face, lost from any cause.

On motion of Dr. Brewster,

Resolved, That Dr. Allen's improvement be regarded as important, and that a medal be presented him, also five volumes of the Journal, bound and subscribed by the Recording Secretary, as awarded by the Society for said improvement.

Dr. Bridges introduced the subject of taking impressions with plaster. Several gentlemen offered remarks upon the subject, &c.

The committee to whom was referred Dr. E. Parmly's address, made the following report, viz.

1. They recommend the appointment of a committee, to prepare a set of aphorisms, on the most important subjects of dental practice.
2. A committee of ten, to whom these aphorisms shall be submitted for review, and, if necessary, revision and sanction, previous to publication.
3. That these aphorisms shall not fill more than twelve duodecimo pages.
4. That twenty-five dollars be appropriated by the Society for their publication.

Adopted.

The following are the subjects selected, together with the individual appointed to write upon each, respectively, viz :

- | | |
|--------------------------------------|----------------|
| 1. Qualifications of dentists, | Amos Westcott. |
| 2. Filling teeth, | E. Parmly. |
| 3. Filling teeth, | E. Townsend. |
| 4. Cleansing, | E. J. Dunning. |
| 5. Regulating, | L. Roper. |
| 6. Toothache, | J. Harris. |
| 7. Artificial teeth, | S. Brown. |
| 8. Morbid effects of diseased teeth, | C. A. Harris. |
| 9. Attention, teeth require, | Wm. Dwinelle. |
| 10. Diseases of the gums, | E. Baker. |
| 11. Extracting teeth, | M. K. Bridges. |
| 12. Tooth washes and powders, | H. S. Burr. |
| 13. Amalgams for filling, | J. H. Foster. |

The following were appointed as the reviewing committee: Noyes, Young, C. S. Allen, O. Holmes, McIlhany, A. Nelson, J. Alcock, Brewster, Houston, and Stockton.

Lastly, these subjects are to be revised by the President and both Secretaries.

The committee, who were appointed to report some plan of action in relation to mineral paste, submitted the following, viz.

"The committee who were directed to suggest some mode or plan of action for the adoption of this Society, with respect to the use of amalgams in dental practice, and to whom was referred the report of the visiting committee of investigation, report—

"That they have deliberated carefully upon the matter referred to them, and that their unanimous opinion is, that any amalgam is not only unfit, but dangerous, when used for the purpose of filling carious teeth or their fangs. That it is, therefore, the imperative duty of the American Society of Dental Surgeons to express, most distinctly and unqualifiedly, their disapproval of its use for the above named purpose under any circumstances.

The committee, therefore, submit for adoption, the following resolutions, viz.

Resolved, That the American Society of Dental Surgeons, under the conviction that any amalgam whatever, whether used under the name of "mineral paste," "adamantine cement," "sucedaneum," "diamond cement," "lithodeon," "alabaster cement," "Chinese cement," or in any other way designated, is not only unfit, but dangerous, when used for filling the teeth or their fangs, do hereby pronounce the use of all amalgams as malpractice.

And it is furthermore Resolved, That any member of this Society who shall hereafter refuse to sign a certificate pledging himself not to use any amalgam, and, moreover, protesting against its use, under any circumstances, in dental practice, shall be expelled from this Society.

Signed,

S. P. HULLIHEN,
J. TAYLOR,
E. NOYES,
C. A. HARRIS,
J. B. RICH.

On motion, the report was accepted.

On motion of J. B. Rich, the resolutions were adopted.

On motion of Dr. A. Nelson, the necessity of adopting some amendments to the above resolutions was urged, on the ground that they were too indefinite—that, although they provided for the expulsion of members who should use this article, yet they did not point out any definite time. It was urged, further, that if the time for the signing of the certificate, which was provided by the above resolutions, was to be confined to the session of that particular meeting, it might do injustice to those out of the city, and particularly those out of the country. With the view, therefore, to make the matter definite; and, also, that equal and exact justice might be done to all, Dr. J. B. Rich offered the following resolution as an amendment to the foregoing, viz.

Resolved, That the Recording Secretary be, and is hereby, directed to forward to every member of this Society, within thirty days after the 10th day of August, 1845, a printed copy of the resolutions passed at this convention of the American Society of Dental Surgeons, relative to the use of amalgams under any form or name.

Resolved, further, That the Recording Secretary be requested, at the same time, to transmit to the several members, as aforesaid, a printed protest or certificate, in accordance with the above-mentioned resolutions, notifying each member that unless he shall subscribe with his own proper signature the said protest or certificate, and return the same to the Recording Secretary within sixty days from the time the said notice is issued, or, in the case of those living out of the United States, within one year from the first day of August, 1845, he shall be considered as ineligible to be a member of the American Society of Dental Surgeons, and shall stand expelled from the same.

And it is furthermore Resolved, That the Recording Secretary be, and he is hereby, directed, without further reference, to strike from the roll of this Society, after the expiration of the above specified terms, the names of such members as may have failed to comply with the terms and conditions set forth in the foregoing resolutions.

Unanimously adopted.

The report relative to J. Smith Dodge was again brought up, and again deferred, with the hope that Dr. D. would be present to answer to the charges, he having been twice notified that his case was before the Society for trial.

The committee appointed to devise and report some plan for getting legislative action regulating the practice of dentistry in this state, recommended that a committee be appointed by ballot, to carry out the wishes of the Society upon this subject.

The committee was as follows :

Drs. Fenn, Rochester; Young, Troy; Alexander Nelson, Albany; S. Brown, Ithaca; E. Parmly, New York; Westcott, Syracuse; Smith, Binghampton, N. Y.; Bridges, Brooklyn; Dwinelle, Cazenovia, N. Y.

On motion of Dr. Rich,

Resolved, That a committee of *five*, a majority of whom shall reside in one city, or so convenient to each other as that they may meet often for the purpose of deliberation, be, and hereby is appointed, to revise, alter, amend and add to the constitution and by-laws of this the American Society of Dental Surgeons; and that it shall be the duty of such committee to report progress at the commencement of the annual convention to be held in the month of August, 1846.

Resolved, also, That the report of said committee, and the consideration of any alterations, amendments, and additions, that may have been suggested

by said committee of five, shall be the first business in order, after the delivering of the opening address.

Resolved, also, That during the present convention of this the American Society of Dental Surgeons, to wit: the session of August, 1845, there shall be no election for the admission of any new members into this association.

Resolved, also, That all candidates for admission, who may be proposed at the present session, can only be admitted according to the requirements of the constitution and by-laws of the Society at the time they are balloted for.

Resolved, furthermore, That such candidates shall be apprised of the nature and requirements of the constitution and by-laws, previous to the balloting, and have permission to withdraw their application should it be their wish so to do.

Adopted.

The following gentlemen were appointed as the committee: J. B. Rich, Lewis Roper, C. A. Harris, J. Parmly, J. H. Foster.

On motion of S. W. Stockton,

Resolved, That the Secretaries' dues be remitted, in consequence of extraordinary duties.

Carried.

Adjourned to 4, P. M.

Met, agreeably to adjournment, at 4, P. M.

Dr. Westcott offered the following resolution, which was adopted by the Society.

Resolved, That this society view the publication, by dentists, in connection with their advertisements, of letters of recommendation from divines, doctors of medicine, and, in short, all who are not well acquainted with dental practice, with decided disapprobation; and they would specially recommend to all its members, who may be pursuing this course, to discontinue a practice savoring so much of quackery, and one so well calculated to degrade the profession.

On motion of J. B. Rich,

Resolved, That each member be authorised by this Society to publish, in any newspaper, the above resolution at his own expense.

The committee appointed to prepare a letter, to be addressed to editors of newspapers, journals, &c., reported the following, which was adopted by the Society, viz.

"New York, August 9, 1845.

"To the editors of newspapers, magazines, and other periodicals in the United States, from the American Society of Dental Surgeons, at its sixth annual meeting, held in the hall of the Medical Department of the New York University, August 5th, 6th, 7th and 8th, 1845.

"GENTLEMEN—The objects of this Society are the mutual improvement of

its members and the protection of themselves and the public against the quackery and empiricism which are the disgrace of the profession.

"The Society does not presume, in this communication, to speak of more than a single one of those base deceptions by which individuals calling themselves dentists are grossly imposing on the community. We allude to the practice of stopping decayed teeth with amalgams, known under the names of royal succedaneum, lithodeon, mineral paste, adamantine cement, alabaster cement, diamond cement, and other improper substances, by the use of which, thousands of valuable teeth are annually destroyed, and immeasurable evils result to the community at large which can never be repaired.

"The Society has declared by unanimous resolution that the use of the above named amalgams for stopping teeth is malpractice, destructive to the safety of the teeth, injurious to the healthy condition of the mouth, and not unfrequently exciting and promoting bad effects on constitutions frequently disposed to the injurious action of mercury, which invariably constitutes an ingredient in all these compounds. Every member of this Society who shall hereafter use this substance under any of these imposing and deceptive names, or under any other name, is, by that act, expelled from the institution.

"By order of the Society.

E. PARMLY, *President.*

AMOS WESTCOTT, *Recording Secretary.*"

On motion of E. J. Dunning, the following resolution, in relation to receiving application for membership, was adopted.

Resolved, That this Society, at its present session, shall receive all applications, duly made for membership, which shall be presented.

Also, Resolved, That the Corresponding Secretary, after having received a list of such applicants from the Recording Secretary, shall inform each applicant of the reasons which have led the Society to postpone the admission of any member, until the next session.

On motion of Dr. Bridges,

Resolved, That that part of Dr. Elliott's letter to Dr. Harris, relative to a case of instruments kindly sent to the Society by Dr. Elliott, for public exhibition, and the inspection of its members, at the discretion of the editors, be printed in the next number of the Journal.

Resolved, further, That the hearty thanks of the members of the American Society of Dental Surgeons, now assembled, be tendered through the Journal to Dr. Elliott for the very great liberality and generosity manifested on his part in thus publicly exhibiting to them the beautiful specimens of his inventive genius and achievements in the production of the instruments now before them.

A committee was appointed to report to the Society, who stood expelled,

by the requirements of the constitution and by-laws, and who, by charges preferred against them.

That committee was Drs. C. A. Harris and Solyman Brown.

Dr. Brown was appointed as special agent of the committee appointed to carry out the wishes of the Society in relation to legislative action.

Adjourned to 8, P. M., to E. Parmly's, No. 1 Bond street.

Met agreeably to adjournment at 8, P. M.

Dr. Harris, on the above committee to report to the society the standing of members, read the names of those who had been elected, by friends, without their knowledge or consent, and whose names were, for this reason to be stricken from the list. They were, as follows, viz. Drs. Chester Hayden, William Arnold, E. Bacon, C. O. Baker, E. Blake, — Blakesly, S. Blandin, W. H. Burr, N. Clute, J. W. Cowen, David Rossiter, — Sumner, E. Hudson, Jahial Parmly, of Savannah; R. Somerby, W. A. Ward, H. B. Lathrop, S. Spooner, John G. Wayte, — Macklin, B. A. Rodrigues, S. B. Straw and P. N. Williams.

The following are the names of the members decided to be expelled by the requirements of the constitution and by-laws, viz. J. O. Baldwin, F. H. Clark, V. Cuyler, — Foster of Utica, and A. C. Hawes.

A list of charges was brought by Wm. G. Lord against J. O. Baldwin, of Newark, N. J., and said Baldwin was voted to be immediately expelled from the Society.

On motion of Dr. Brown,

Resolved, That the Recording Secretary be requested to forward to "the Forceps," the action of this Society upon said Baldwin's case, for publication.

Resolved, further, That Dr. Lord be authorised to publish the above resolution in the public papers of Newark, and that a copy be furnished him by the Recording Secretary.

On motion of Dr. J. H. Foster,

Resolved, That the thanks of the Society be presented to Dr. Stockton for publishing for the Society.

On motion of Dr. Harris,

Resolved, That Dr. Stockton's advertisement be published in the Journal the same length of time as he has published for the Society.

On motion of Dr. Brown,

Resolved, That each editor receive fifty dollars, and five copies of the Journal.

On motion of Dr. Foster,

Resolved, That the Society be a vigilance committee, to report to it all cases of malpractice which may come to the knowledge of any of its members.

On motion of Dr. J. Allen,

Resolved, That a synopsis of the minutes of the meeting be furnished for publication in newspapers.

Dr. S. Brown was chosen to perform the task.

Dr. J. H. Foster was voted to be furnished with a copy of the Journal from the beginning for his services as librarian.

The Society now proceeded to the election of officers.

The balloting resulted as follows :

E. PARMLY,	PRESIDENT.
N. C. KEEP,	1ST VICE-PRESIDENT.
LEWIS ROPER,	2D VICE-PRESIDENT.
JOHN A. CLEAVELAND,	3D VICE-PRESIDENT.
C. A. HARRIS,	CORRESPONDING SECRETARY.
AMOS WESTCOTT,	RECORDING SECRETARY.
C. A. HARRIS,	TREASURER.
J. H. FOSTER,	LIBRARIAN.

Editors of the American Journal and Library of Dental Science.

C. A. HARRIS, A. WESTCOTT, E. MAYNARD.

Executive and Examining Committee.

E. BAKER,	J. B. RICH,	E. TOWNSEND,
J. H. FOSTER,	J. PARMLY,	E. J. DUNNING,
	J. LOVEJOY.	

Publishing Committee.

E. TOWNSEND, L. ROPER, H. S. BURR.

Opening address, Dr. Bridges.

First Essay, Dr. Rich.

Second Essay, C. C. Allen.

Third Essay, Wm. H. Dwinelle.

Fourth Essay, W. H. Elliott.

Fifth Essay, G. G. Brewster.

On motion of Dr. E. Parmly,

Resolved, That no address or essay shall occupy more than a half hour.

On motion of Dr. Westcott,

Resolved, That one day of the next session shall be set apart, and exclusively devoted to rehearsal of practice, and general discussion; questions upon practical subjects, and oral answers by any who may be disposed to give them.

Adjourned to the first Tuesday in August, 1846.

AMOS WESTCOTT, *Rec. Sec'y.*

The Proceedings of the American Society of Dental Surgeons.—We regret that we are unable to publish, in this number, the very excellent opening address, delivered by Dr. J. H. Foster, at the last meeting of the Society. We are glad, however, to be able to announce that we are promised a report of it for the next. We are also sorry that we are compelled to omit, for want of room, two of the dissertations delivered on that occasion, but they shall appear in the December number. For the transactions of the Society at its last meeting, the reader is referred to the minutes of the Recording Secretary, in another part of this number.

The American Journal and Library of Dental Science.—This publication may now be regarded as established upon a firm basis. It has overcome the difficulties with which it has hitherto had to contend, and they have neither been few nor small, and though it may have to encounter others, its prospects for the future are more flattering than they were during the three or four first years of its existence. It has required, all along, the most constant and untiring efforts to sustain it, but it now has a list of subscribers sufficiently large, provided all would pay punctually, to defray the expenses of publication. Most of those who take it, pay their subscriptions promptly and cheerfully, but a few have been exceedingly remiss with regard to this matter, and we do hope they will be less negligent for the future. The importance of complying with the terms of subscription, will be apparent to every one, when we mention the fact, that there is now due the Journal, on back subscriptions, upwards of thirteen hundred dollars. We hope, therefore, all who are in arrears, will, on the receipt of this number, send us at once, by letter, the amount of their indebtedness, and the subscription for the present volume. If all will do this, it will save us a vast amount of trouble and perplexity.

A few have complained that the subscription is too high, and have said we ought not to charge more than three dollars per annum for it. In reply to such, we say we would be as glad to issue it at three dollars, as they would to receive it at that price; but our subscription at present, will not enable us to do it. It costs as much to publish the Journal as is received for it from subscribers. It cannot be expected that a periodical having as limited a circulation as this, should be published at as low a price as a medical journal, which may obtain from one to five thousand subscribers. Although five dollars for a work no larger than this may seem a high price, it should be recollected, that the books which have been re-published in it, to say nothing of the original articles, could not be procured for double the amount. Some of them, in fact, are out of print, and not to be had, separately from the Journal, at any price.

With regard to the benefits that have resulted from this publication, it does not become us to speak; but the advantages of a medium of intercom-

munication between the members of the profession, through which discoveries and improvements may be made known and available to all, and theories and principles discussed and settled, every one will acknowledge to be great. To establish such a medium of intercommunication was the object of the projectors of the Journal, and to perpetuate it, has been, and is, the object of the association whose organ and property it now is. In the management of it, the editors have endeavored to make it as valuable and useful to the profession as possible. For the approval which their labors have received from so many of their professional brethren, both in this country and Europe, they feel grateful; and hope still to be able to merit their approbation, by redoubling their efforts to make it more worthy of their favorable regard.

Washington City Editor.—Dr. Maynard, the Washington City Editor, is now in Europe, and will, from time to time, during his absence, furnish the readers of the Journal with such information as may be of interest to the members of the profession in this country.

Removal of a Drill-head from the Cavity of a Tooth, by means of a Magnet.—**Messrs. Editors:** Whether I have been more unfortunate than other dentists in having my drills too highly tempered, I cannot say, but, in consequence of this oversight, I have occasionally had them to break, while preparing the cavities in decayed teeth for filling, leaving the burr or head in the cavity; and, in some instances, though it appeared quite loose, and upon the slightest touch would move about, its removal was attended with considerable inconvenience and loss of time, and sometimes the loss of more of the sound part of the tooth than would otherwise be necessary or desirable.

In preparing a small cavity in the grinding surface of a bicuspid of the lower jaw, for a lady, after having it nearly ready to fill, having removed the most of the diseased parts, my drill broke, leaving the burr at the bottom of the cavity; the walls of which were sound and very dense, and so close to the burr as not to admit of the passage of any small instrument between it and them, in order to remove it, and yet so loose as to be readily moved in any direction upon its axis.

Not feeling desirous of adopting the usual course resorted to in such cases, that of removing enough of the adjacent sound tooth to pass a small instrument between it and the surrounding walls, considerable time was consumed in fruitless efforts to remove it. I accidentally recollected of having seen a small magnet the same morning at a druggist's store but a few doors from my room, which I immediately procured, and with which the burr was instantly removed.

Should the like accident happen with other dentists, I believe much

labor, time, and inconvenience will be saved by adopting the above plan for its removal.

Very respectfully, &c.

JOHN HARRIS.

To Subscribers in Great Britain.—We have just received the London Forceps, up to No. 31, and in looking over them hastily, we noticed, in No. 23, for November 15th, 1844, a note from one of our London subscribers, headed "The American Journal," in which he asks, "is it likely I shall receive the last two numbers of the 'American Journal of Dental Science,' the first of which was due in June, the second in September." We regret very much, that any thing should prevent our subscribers in Great Britain from receiving their numbers regularly, as we feel under many obligations to them, for the liberal manner in which they have contributed to sustain this publication. We send the numbers regularly, as soon 'as issued, and have endeavored to make arrangements to have them delivered immediately on their arrival. Hereafter, we hope this will be done, and that none of our transatlantic readers will again have occasion to complain on account of want of punctuality on our part.

Improved Drill Stock.—Among the numerous improvements that have of late been made in dental instruments, is a drill stock, manufactured by Mr. Arnold of Baltimore. The improvement claimed by Mr. A. is, that while this instrument possesses all the advantages of the drill stocks now in use, it has the additional one of requiring but one hand of the operator to use it. It is certainly a very beautiful instrument, and there are many cases in which it may be advantageously employed.

Dental Infirmary.—It will be seen by the advertisement of the Baltimore College of Dental Surgery, that a dental infirmary is soon to be established, in connection with this Institution.

To Correspondents.—The communication from Dr. Elliott shall appear in the next number of the Journal. Dr. T. H. will find an answer to his inquiry, in the proceedings of the American Society of Dental Surgeons.

THE AMERICAN
JOURNAL OF DENTAL SCIENCE.

Vol. VI.]

DECEMBER, 1845.

[No. 2.

ARTICLE I.

MESSRS. EDITORS :—I am induced to make some preliminary remarks, because in the delivery of the following dissertation, there appeared to be a sentiment or an opinion, from a certain quarter at least, that it was objectionable, either in the spirit, manner, or matter, or perhaps all of them.

That it has many imperfections, I have not the least doubt; but to differ in scientific or practical opinions from any writer, however great and distinguished, can never be a mark of *disrespect*; nor when we consider the duties and expectations of man, can it be regarded as presumption to approach the sanctuary of knowledge and reconsider the ground and the validity of the most established doctrines, or of the most widely received opinions.

A distinguished writer has said, that all talents and all researches are but ministerial, to the improvement of true and practical knowledge and to the prevention, or the mitigation of human suffering by that auxiliar and uniting sympathy, by which the great system of the world in all its bearings and relations, amid every seeming irregularity and fancied deviation, is shown to be a system of benevolence.

It is a fact, that we owe the great bulk of our knowledge, not to those who have agreed, but to those who have differed; and those who have succeeded, by making all others think with them, have usually been those who began by *daring* to think

for themselves; as it is said, he that leads a crowd must begin by separating himself some little distance from it. If the great Harvey, who discovered the circulation of the blood, had not differed from all the physicians of his day, all the physicians of the present day would not agree with him. Luther began by having his doubts, as to the assumed infallibility of the pope, and he finished by making himself the corner stone of the reformation.

Unity of opinion is not desirable, neither is it salutary, unless the truth be well established. It is important to remember also that assent or dissent is not the act of the will, but of the understanding. If we arrive at certain conclusions, and act conscientiously upon them, it would seem that no more should be required of us. We should certainly make use of *all* the means in our power to arrive at true conclusion, and let no interest warp us, no prejudice blind us, no party mislead us, nor any *fear* intimidate us. But there is a field of contention into which it is allowed, and it is good for man to enter, not with asperity, not with rudeness, not from a mere desire of distinction, nor from the rage and lust of gain; but from an honest endeavor to elicit what is true and what is useful, and from a desire not only allowable but laudable, to offer our common professional pretensions for honorable subsistence by honorable means.

In all sciences, in the medical, surgical, and dental science most particularly, the opinions of the greatest writers, and even of the greatest practitioners should be well weighed, and their mistakes, (if any are found or even suspected to exist,) should be pointed out for examination, with sincerity and with candor. To this there can be no objection, it is a duty which is owing to society, and to the usefulness of our profession. In particular, to those who devote themselves to dental surgery exclusively, it is indeed a duty paramount to every other consideration.

To living *professional* worth and reputation every tenderness is due; and while delicacy alone prevents my gratifying the desire which I should otherwise feel, of adverting to the merits (or possibly demerits) of many of my cotemporaries, I may be allowed to pay a passing tribute to departed excellence. Our departed Hayden opened many new sources of dental science,

and who by his ability, by his judgment, and by his practice, enlarged the bounds of his art, and gave stability to his precepts; to which no one of us can have recourse without feeling personal obligation and unfeigned reverence. He was a man of long and extensive experience, of originality in thinking, of talents, and of genius; and under such impressions would I consider every memorial of his indefatigable mind, and every result of his curious and important investigations. He has, and he will forever have a bright and memorable name. He was the head and corner stone of our infant society, and felt great anxiety and responsibility for its success, while living, and his last aspirations probably were that those principles might be adopted and carried out, which would perpetuate it.

But it is not the name, nor the doctrine, nor the practice of Fouchard, of Bourdet, of Jourdain, of Hunter, of Fox, or of Hayden, which should guide us implicitly, but it is the truth and the result of actual facts, founded on knowledge and on repeated experiment, which can alone establish a course of practice, at once safe and efficacious. In this manner we shall best recommend and "worthily magnify" our profession, to which, we hope due honor *will* be paid, and when it is conscientiously exercised, kindness and gratitude are always due.

In the dissertation which I now respectfully offer to the consideration of our society, and of the public, I trust to have been actuated by these motives.

I have confirmed my observations and facts by my own experience and by my personal practice, and hope they will pass for what they are worth, and nothing more.

Dissertation on the Diseases of the Gums. Delivered before the American Society of Dental Surgeons, at their Sixth Annual Meeting, July, 1845. By E. BAKER, M. D., D. D. S.

It cannot have escaped the attention of the observing and intelligent, that the ætiology, or the doctrine of the cause of disease of the gums, is generally but little understood; and with those who have paid most attention to this subject, there appears to be a discrepancy of opinion as regards the cause of disease.

Affections of the gums, in former time, and indeed at the present day, are frequently called scorbutic. I shall attempt to show that this is almost entirely a misnomer, for any disease of the gums. Affections of the gums were generally called scorbutic till sometime in the 17th century, when the disease was called by other names, when some attempts were made to classify and distinguish the disease by other names.

Hunter, Fox, and indeed most of the modern writers have applied this term to diseases of the gums, generally, without pointing out any characteristic features, of a scorbutic nature.

In the first place we will give a short history of the disease called scurvy, and endeavor to show that the gums are never affected by it, unless as a secondary symptom, when the system is affected by a general taint.

The scurvy is a disease of a putrid nature, much more prevalent in cold climates than warm ones, and which chiefly affects sailors, and such as are shut up in besieged places, owing, as is supposed, to their being deprived of fresh provisions, and a due quantity of aced food, assisted by the prevalence of cold and moisture, and by such other causes as depress the nervous energy, as indolence, confinement, want of exercise, neglect of cleanliness, much labor and fatigue, &c. These several debilitating causes, with the concurrence of a diet consisting principally of salted putrescent food, will be sure to produce this disease. The diagnostic symptoms are characterized by extreme debility; complexion pale and bloated, spongy gums, livid spots on the skin, breath offensive, adematous swellings in the legs, hæmorrhages, foul ulcers, fætid urine, and extremely offensive stools.

All these are but symptoms of a general taint. Amongst these are the gums. So are they affected when the system is charged with mercury, and with the same propriety might a common disease of the gums be called a mercurial disease, when no mercury has been taken by the patient. Hence it would seem impossible that the gums of persons who are not in a situation to contract a scorbutic taint, should be scorbutically affected, as it will be recollected the "spongy gums" are the *result* only of the aforesaid taint.

Dr. Hayden, in his treatise on "conjoined suppuration," ob-

serves, that sometime in the 17th century, Fouchard wrote and published a work on the diseases of the mouth and teeth, and in which the disease in the gums, for the first time, was treated on distinctively, of which he, (Fouchard,) thus observes, "there is moreover another species of scurvy, of which I believe, as yet, no author has taken care to speak of, and without interesting any other part of the body, attacks the gums, the alveoli and the teeth.

Bourdet, it appears, called it "a suppuration of the gums."

This disease is described by Jourdain, who, perhaps, was the first to call it a "conjoined suppuration of the gums and alveoli."

Mr. Fox attempted to describe the disease under consideration, as one of the complaints to which the alveolar processes are liable. He says, "the most common disease to which the alveolar processes are subject, is a gradual absorption of their substance, whereby the teeth lose their support, become loose and drop out." This disease, he continues, "begins to show itself, between forty and fifty years of age, and from its frequent occurrence, without any evident cause, it would seem to be a consequence of having passed the middle of life! Thus he seems to have fallen into the common opinion, that persons advancing in age, *must* lose their teeth, in spite of all or any remedy—that it is as natural a consequence of advancing age, as death is of old age! But we think Mr. Fox is mistaken, as well as those who think with him, and would fain hope, that there is no such an "opprobrium" attached to *any* branch of our profession.

But to return to our subject. It will, perhaps, be unnecessary to follow those authors in their description of the symptoms and appearance of the gums, in this state of disease; but will just name some of the causes, mentioned by some of the French writers, either operating directly or indirectly, on this subject, viz. "a depraved or vitiated state of the circulating fluids in the parts affected, thereby rupturing the capillary vessels and causing numerous little ulcers, which were actually found to exist, according to Bourdet and Tennon, on the surface of the gums, next to the teeth, whence comes a purulent discharge from under the gums, so common in this disease. It was considered too, by Bourdet, as an erysipelatous affection.

Among the causes, remotely, are great exercise of the mind, melancholy, and bad diet, the sudden closing up or healing of issues, &c., &c. The sudden check of some prevailing cutaneous disease; the putrid miasma of low and humid places, of hospitals, and also the gaseous emanations from mines, &c.

Dr. Hayden seems to have followed, to some extent, the pathologic views of those writers on this subject, and observes, that the disease in question, though various in its character, is specific in its nature, peculiar in its operations and results, and in all cases, *primarily seated*, in the investing membranes or periosteum that surrounds the roots of the teeth, and lines the respective cavities of the alveoli, and he further observes that Jourdain, Bourdet, Ricci, and others, who have denominated it a conjoined suppuration of the alveoli and gums, have not been careful to explain *all* the different characters which it assumes, and have, therefore, treated it as one disease, and under one particular head.

Dr. Hayden divides this particular disease into three grades. "The first signs of this affection," he says, "are manifested by a bright circumscribed redness about the edge of the gums." But it is unnecessary to quote the doctor, in his description of the symptoms and characteristics of the disease, all of which may be found in his treatise on the subject of "conjoined suppuration."

The French writers, I believe, and Dr. Hayden we know, assert that the cause of the disease may arise from both internal and external causes. We shall contend for the *external* causes for this disease, and that external causes *alone* are sufficient, when neglected, to produce all the signs and symptoms and deplorable consequences contended for, in the "conjoined suppuration."

That which Dr. Hayden mentions as the first sign, that the disease is "*primarily seated* in the investing membranes or periosteum, viz. "a bright circumscribed redness about the edge of the gums, we consider nothing more than a *local* irritation of the gums in the beginning of its disease and that the disease does not reach the investing membranes and alveoli, until this primary affection of the gums has been long neglected,

and if suffered to go on, will approach and embrace those parts, on which the teeth depend for support.

We think it cannot be proved, and is nothing more than a hypothesis, that the disease ever attacks the periosteum and alveoli *primarily*, or in its first stage. Those who give this pathologic view, give reasons which appear as not sufficient to produce this primary internal cause of disease, viz. such as "a vitiated state of circulating fluids, great exercise of mind, melancholy, bad diet, hæmorrhoides, the sudden healing up of setons, checking cutaneous diseases, miasmas, hospitals, gaseous emanations from mines, &c. And as regards women, premature and repeated suppression of milk, menstrual obstructions, and also such as have experienced a total suppression of the periodical *écoulement*, and cum multis alias, equally potent reasons.

It is in the recollection of all of us, that but a few years past, the advocates for internal decay of the bony structure of the teeth, in its commencement, having no connection with external causes, were common, and perhaps composed a majority of those who were capable of forming an opinion on the subject.

At this time, there is perhaps hardly a solitary individual who does not believe that external causes, together with malformations of the teeth, are altogether and alone sufficient to decay them, and that there is no evidence that decays begin from internal causes.

Whence this gradual change of opinion as regards the cause of decay in teeth? What but this, that after a long and careful examination of the nature and cause of decay, its beginning and progress, opinion has settled down into the belief that caries begins externally—perhaps without exception. Although it has been proven that the bony structure of the crowns of teeth have vessels ramifying through their various parts, yet we can discover no diseased state of the human system which renders it probable that a diseased action, sufficient to decay the internal bony structure, can be thrown upon those parts. Is there not some analogy in those cases? Can it be reasonable that unhealthy affections of the human system shall have greater power in imparting a diseased action *primarily* to the periosteum and alveoli, than *primarily* to do the same, to the internal bony structure of the crown of a tooth?

Having offered a few reasons endeavoring to prove that affections of the gums, periosteum and alveoli, proceed from external causes, we will examine into the propriety of calling a general disease of the gums, periosteum and alveoli, "a conjoined suppuration."

There are different kinds of suppuration, called pus, and which, according to its nature, is called good pus, scrofulous, serous and ichorous pus. The nature of ichorous pus is thin, aqueous and acrid. Of this kind is the pus discharged from the gums, especially in a protracted disease of them, and when it reaches the alveoli, acts on the bone as an absorbent. It is a contradiction of terms to say the alveoli (which are bone) suppurate. Therefore should not this compound disease, called by the French authors, "conjoined suppuration" of the gums, &c., be called a suppuration of the gums and the *absorption* of the alveoli? And now I put the question with confidence: Is not this ichorous pus which is engendered in diseased gums, sufficient, in all conscience, to produce gradually all those lamentable effects described by those writers who advocate the destruction of the appendages and supports of the teeth, from *other* causes?

If the French hypothesis be true, that the disease begins in the periosteum; it follows that there can be no direct treatment, for you cannot reach the cause. Now I have always found a direct treatment beneficial, except, perhaps, in the artificial disease, produced by mercury, or when there is a scorbutic taint in the system. I have no doubt the gums are affected more or less by the various diseases we are subject to; but not to that extent as is generally supposed.

It is remarked also by writers on the deep seated disease in the gums, that it attacks those persons who otherwise enjoy the best of health, and soundest teeth. This would seem to indicate that the liability to this disease is increased by fullness and gross habit of body. This perhaps is the case, but it is also a fact that no condition in life or habit of body, is exempt from this disease.

Having assumed that this disease, perhaps universally, commences externally with the gums and progresses to the internal

parts, a diagnostical description may be expected, and a mode of treatment pointed out for its cure. I shall very briefly dwell on this part of the subject, which has been well described by Kœcker, in his chapter on the "absorption of the gums and the sockets of the teeth," and generally agree with him in his views of the subject, except, perhaps, I am unwilling to allow that the disease produces, so often and so much, constitutional derangement, as he describes.

The doctor says, "this malady has its beginning, generally, in an inflammation and suppuration of the gums, which gradually extend to the periosteum and the alveolar processes of the teeth; or it begins by an inflammation of those parts, which is afterwards communicated to the gums; it very rarely originates in the alveoli themselves."

To be sure, he says, the disease *may begin* in the periosteum and alveolus, though but very seldom. But the doctor does not attempt to show, like our French brethren, what induces this disease, *primarily*, in those parts, which we believe would be difficult. "The inflammation and suppuration are seldom violent, and the absorption seldom rapid; in most instances it is so slow in its progress, as to be scarcely perceptible; and suppuration destroys the gums in a very gradual manner, being attended by the absorption of the alveoli and their periosteum, until the teeth losing their support, become loose, and at successive intervals, drop out."

"The crowns, necks, and more especially the exposed parts of the roots, are frequently covered with a greenish glutinous substance, and with adhering tartar; the spaces between the teeth are filled up with tartar of a dark brown or greenish color, but sometimes they are of the usual appearance."

"In other instances I have seen them so clean as to deceive a superficial observer, but a close examination, has never failed to show some tartar adhering to the roots, and pressing on the alveolar processes, hidden under the edge of the gums, and in the spaces between the teeth."

As it respects symptoms, the doctor observes: "for a considerable time, even for many years, the symptoms accompanying this disease may entirely escape the attention of not only the

patient, but of the surgical attendant not well acquainted with this disease. The matter which is discharged, is, in the first stage of the disease, very trifling, and constantly removed by saliva and mastication; and the inconvenience and pain accompanying the malady, are so slight, and the progress of it so gradual and regular, that it may sometimes go on for ten years and upwards before it is observed."

After dwelling at some length on the constitutional derangements, nervous derangements, &c., he continues, "indeed, so great is the morbid influence of this malady, upon the general system, that after a perfect cure of the local disease has been effected, not only all those symptomatic affections subside, but the general health, for the first year or two, invariably improves in a most surprising manner, and the constitution recovers that natural strength and vigor, of which it has been deprived for perhaps ten or fifteen years.

Among some of the remote causes which he enumerates, are, "a scorbutic and scrofulous habit of the gums, use of mercury, irregularities in the position of the teeth, neglect of cleanliness, operations of different kinds, injudiciously performed," &c. By the above causes, "without which," he says, "he has never seen the disease; a collection of tartar is deposited on particular parts of the teeth, and this becomes the immediate exciting cause of the disease, and so long as it is suffered to remain, prevents the success of such efforts as nature or medicine may make for the accomplishment of a cure."

I agree, in general, with his method of treatment, to his account of which, we all have access, and will add, that my own experience is, that it may take from one to six months, and perhaps more, to subdue this disease, according to its extent, by repeated operations, principally on the necks, and particularly on the fangs of the teeth. There is a deposit of tartar on the fangs of the teeth, which penetrates as low as the same is separated from the gum and periosteum, and until this is entirely removed a perfect cure cannot be expected. This, in my opinion, is the exciting cause of the disease; for on removing *all* this matter from the fangs of the teeth, the cure follows rapidly. I consider that this state of the teeth and investing parts, requires, by far

more time and patience, both of the patient and operator, than is generally supposed ; great experience and tact, in the operator, supplied with proper instruments for the purpose. All astringents, powders, brushes, and appliances in the world, will not remove the *cause* of disease ; this is only to be effected by *instruments*, and the other means to produce cleanliness and to assist in giving healthy action to the parts, are but of secondary importance, but also highly important.

As Dr. Kœcker justly observes, "considerable experience and skill are required, to distinguish at *once* between those teeth which are capable of preservation, and such as ought to be extracted."

I will observe, that it is much easier to treat successfully the front teeth than those farther back, when apparently affected to the same degree, arising from the facility with which they can be operated on. The disease in the incisors can be cured, or kept down, when quite loose, which is not the case with the molars.

I consider it unnecessary in an essay of this kind to be prolix. Happy shall I be if I can be instrumental in turning the attention of the fraternity to this subject, a subject which is acknowledged to be but "imperfectly understood," and by far the most difficult of treatment. We are greatly indebted to *all* writers on this subject ; not a little to the French authors, who have most learnedly and prolixly written on this subject, and whose disquisitions, in many respects, remind us forcibly of the story of the child with the golden tooth, followed up by a number of ingenious theories, by different writers, endeavoring to account for the same.

It is an old maxim that those disorders which have no cure, are the favorite ones for quacks to be engaged in, and that those sciences, in which there is any degree of uncertainty, is sure to employ the most quills.

So it appears that those sciences that are capable of being demonstrated, or that are reduced to the severity of calculation, are never voluminous ; for clearness is intimately connected with conciseness, but precisely in proportion as certainty vanishes, verbosity abounds. But when we consider that our

French brethren were perhaps the first to write on this subject, as well as others relating to the teeth, much might be said in palliation of inaccuracies, and it would be strange if they were as well acquainted with the doctrine of the causes of dental diseases as we *ought* to be at this period of time ; and I have no doubt they may come in and partake of the following sentiment, viz. the discovery of truth in art or science, should be the polar star, to which our attention should always be directed, and those who contribute to the establishing of it in the remotest degree, deserve the thanks of mankind.

ARTICLE II.

Dissertation on Tooth-Ache. Delivered before the American Society of Dental Surgeons, at their Sixth Annual Meeting, held in the City of New York, August, 1845. By JOHN HARRIS, M. D., D. D. S.

*Mr. President, and Gentlemen
of the American Society of Dental Surgeons :*

BEFORE entering upon the discharge of the duty which you assigned me at your last meeting, I would embrace the opportunity to express my most grateful appreciation of the honor which you conferred upon me, in making me a member of your respected and valuable body, and in appointing me to address you on the present occasion, on some subject connected with dental theory or practice. I regret, that, until the present time, circumstances beyond my control, have prevented me from attending any of your annual convocations, and from sharing in your sacrifices and toils, and manifesting that zeal which the cause of science, our profession, and humanity demand. The members of this association have already contributed largely to the advancement of the science and art of dental surgery ; they have also added to the respectability of the pursuit, and judging from what has been achieved by comparatively so few, and in so short a period, I am encouraged to believe that the day is not

distant when the practice of this branch of the curative art will be as much respected as is that of general medicine and surgery.

I need not speak of the many difficulties which you have had to encounter, nor of the sacrifice of time and money which many of you have had to make in attending the meetings of the society. These have all, all, been disregarded in the noble objects contemplated by this association. Many of those, who at first, regarded its organization with a jealous eye, have subsequently sought, and some have obtained admission to membership in it, and thus the number of its members have been yearly gradually increasing.

The period of the existence of this society may well be regarded as constituting the most interesting and important era in the history of this branch of medicine. Such has been the great interest manifested by its members, that its meetings have been numerously attended. Every part of our widely extended country, has, from year to year, been represented by some of our ablest and best practitioners, bringing with them the results of their professional researches, for the mutual benefit of all. The advantages that have resulted from this sort of intercommunication have been great, and but for which, many valuable discoveries and improvements might still have remained in the possession of the few by whom they were made.

But without further introduction, I shall proceed to offer for your consideration a few remarks on odontalgia, its treatment, &c. The subject having been left discretionary with myself, I have been influenced in its selection more on account of its practical importance and a desire to benefit the junior members of the profession, by inviting attention to doctrines and principles with which it is connected, than from any expectation of being able to present any new doctrine or theory to the elder or more experienced members of this association.

There is no disease, in the treatment of which, more importance is attached to a judgment capable of discriminating correctly as to the pathological condition of parts, the curative indications and the necessity and practicability of fulfilling them, than in tooth-ache. Nor is there any disease to which the hu-

man body is subject, of more frequent occurrence, or that cannot be borne with more patience, and for which the means of relief are sought with greater avidity, nor comparatively few in which so rapid and extensive an influence is exerted in the production of local and general disturbance, and where there is so much difficulty in deciding upon the pathological condition of the structures involved in the train of morbid phenomena, than the one now under consideration.

Every aggravated and protracted case of tooth-ache, therefore, may be regarded as being productive of more or less mischief, according to the circumstances under which it occurs. Even under the most favorable, the evils resulting from it are often more to be feared than the loss of a sound tooth, especially where recourse is had to many of the therapeutic agents which have been recommended for the cure of this affection. The local and constitutional effects produced by these agents are sometimes more calamitous than the disease which they are intended to cure.

In defining the varieties of tooth-ache, I shall make no attempt at innovation. I shall therefore only consider two kinds, namely, idiopathic and sympathetic. The former resulting from or dependent on local irritation and inflammation of the lining membrane, and of the peri-dental membranes when the vitality of this has been previously destroyed ; and the latter from constitutional causes or a transfer of nervous irritation.

The first is by far the most prevalent ; the other seldom or never occurring without being invited by some local, physical, or morbid predisposition, and in either case the frequency and violence of the malady is materially augmented or modified by the presence or absence of reciprocal morbid associations.

An experience of nearly twenty-five years, exclusively devoted to the various duties of the dental profession, has not been suffered to pass without endeavoring to discover some plan of treatment, or remedy, other than that afforded by the forceps, which might prove a safe and radical cure of idiopathic odontalgia, and thus secure the restoration of the diseased organ. But, in comparatively few instances have I succeeded either with the treatment which I have been able to suggest, or

that recommended by others. Subsequent morbid developments have sooner or later, rendered extraction necessary.

I do not wish it to be inferred, however, from what I have said, that this form of tooth-ache, cannot, under any circumstances, be subdued, but the number of cases permanently cured, are comparatively so few, that the principle laid down by medical writers, should apply here, that where any particular treatment of a disease more frequently fails than succeeds, it should be abandoned. There is no precedent more worthy of adoption than this, and in the treatment of no class of diseases, will it be found more applicable, than in the one now under consideration. And if admonition and precept be not amply sufficient to establish the correctness of this principle, observation and experience will not fail to do so.

The proper treatment, therefore, in the majority of cases, for this description of tooth-ache, is the removal of the diseased organ, and it is greatly to be regretted that the dread of anticipated pain should, as frequently as it does, prevent persons laboring under this form of the malady, from submitting to the operation, and that so many dentists substitute other treatment, which at least, is inefficient, and subjects the unfortunate sufferer to a train of evils far greater than mere tooth-ache itself. Such practice cannot be regarded in any other light than as empirical. The surgeon dentist, should always under such circumstances, endeavor to persuade his patient to submit to the removal of the tooth, by pointing out the bad effects that will inevitably result from its retention in the mouth. He should never sacrifice principle by the adoption of a temporizing treatment, for the mere gratification of the feelings or whims of his patient, when it is possible to do otherwise. But the fault is not always with him. His reasonings sometimes fail to overcome the timidity of his patient, and when this is the case, he is often compelled to yield to the force of circumstances.

The necessity for promptitude and decision in the treatment of this disease, becomes apparent when we consider the physical peculiarity of organization of the teeth, and the relation they sustain to each other and to the circumjacent and even remote parts of the body. Although when free from all constitutional

predisposition or bias to disease, they are capable of resisting, for a long time, the influence of local and other causes, yet, when attacked by caries or almost any other affection to which they are liable, they are never restored by the sanative powers of nature. In this respect they differ from other organs of the body, and hence their treatment is rendered more important and difficult. Their restoration, therefore, must depend upon the skill and judgment of the practitioner.

But although the dentist derives no aid from the recuperative powers of the economy in the treatment of the diseases of the teeth themselves, yet a healthy condition of the general system, and more especially of the parts contiguous to these organs, is of the utmost importance to the attainment of the end for which his treatment is instituted.

Of all the obstacles encountered in the treatment of disease, and the most difficult to be overcome, are those which result from physical causes, and in the treatment of no class of which, are they so frequently met with, as in those of the teeth. Owing to their peculiarity of organization, operations upon them, with few exceptions, will not admit of mediocrity in their performance. Before deciding upon the course of procedure proper to be adopted in the treatment of diseased teeth, the dentist when called upon for his services, should first direct his attention to the state of his patient's general health, the physical characteristics and peculiarities of his teeth, the nature and extent of the disease, and the causes which have produced it, bearing in mind that his success will depend as much on a thorough knowledge of all the circumstances attending the case, as upon the neatness and skill of his operation.

It should also be recollected that tooth-ache, usually treated of as a disease, is only a symptom or the effect of disease, and is always preceded either by local physical predisposition, excited by constitutional disturbance, as in the sympathetic form of the affection, or by inflammation of the peri-dental membrane, resulting from mechanical violence or the irritation caused by dead teeth, or from irritation and inflammation of the lining membrane, produced either by mechanical injury or the presence of acrid substances, as in the idiopathic form of the malady.

For the last named form of the disease, any treatment but extraction, is only productive of temporary relief, while the disease, of which the pain is only the effect or symptom, takes its course, oftentimes giving rise to other local as well as constitutional affections, which sometimes assume a very aggravated form. If the experience of the most scientific and skilful practitioners that have ever lived, could be ascertained, I think it would be found, that in the adoption of other treatment than this, they have often been disappointed in their expectations, and that while they and their patients have been lulled into imaginary security, by the temporary relief of the latter from pain, the malady itself has continued and become the cause of other, and sometimes more formidable diseases—furnishing the most convincing proof of the errors that had been committed in the previous treatment.

As unpardonable as it may be to sacrifice a sound tooth, or one that might be restored to health, through mistake, ignorance or otherwise, and great as the loss certainly is, of such a tooth, it sinks into insignificance, when compared with the consequences resulting from the retention of a tooth in the mouth that cannot be restored to health, or suffered to remain without exerting a morbid influence upon the surrounding parts and nervous system generally.

If it were necessary, hundreds of well authenticated cases might be adduced in proof of the fact, that it is not necessary for a tooth to cause pain, or give rise to alveolar abscess, to be productive of even the most serious consequences. The records of medicine furnish numerous examples of this sort, and cases are daily met with, where, after every remedy had been tried that could be suggested by the skill and ingenuity of man, without success, cures have been speedily and permanently effected by the removal of diseased teeth, and even where they have not been productive of pain or suspected as the cause of the mischief. Many such have fallen under my own observation.

With facts such as these before us, it is not surprising that the younger and more inexperienced members of the profession, should often be deceived and encouraged to persist in the repetition of a practice that has done more harm than could possibly have been produced, had no other remedy than extraction ever been resorted to.

When I see an advertisement setting forth the cure of tooth-ache, indiscriminately, without reference to its cause, or the circumstances connected with it, by secret nostrums, rendering extraction unnecessary, I take it for granted that the author is either a quack or a knave, and most probably both.

As a general rule, in the treatment of sympathetic tooth-ache, extraction is not necessary. But exceptions are sometimes met with. When the proper treatment has been neglected, until inflammation and suppuration supervene, involving the peridental membrane, the extraction of the aching tooth becomes necessary. From the many cases of this description, which have fallen under my own immediate observation, I will mention one.

In April, 1830, I visited, by request, a Mr. W——, a respectable merchant of Hopkinsville, Ky., aged between forty-five and fifty. His general health for the preceding two years had been greatly impaired, but up to which time, from infancy, it had been good, had never lost but three teeth, and these from the effects of dry, black caries. At the time when I first saw him, all his teeth were sound except the sides of two, which had originally been in contact with two that had previously been extracted, and the caries of these had not penetrated sufficiently deep to require the operation of filling.

The tooth of which he complained was the right superior cuspidatus; it was not in the least affected with caries, nor had it been injured by mechanical violence, but it had been more or less painful for eight or ten days, was very tender and sensitive to the touch, and the gums around it, were very much inflamed and tumefied.

After a thorough investigation of the case, I decided on the extraction of the tooth, and having performed the operation, I split it open lengthwise, and as I had suspected, suppuration of the pulp and lining membrane had taken place.

The patient, although greatly relieved by the operation, suffered more or less pain for several days, but was gradually restored to health.

It may not be amiss to observe, that some have been in the habit, in cases of this sort, to adopt the practice recommended by Mr. Fox; namely, to trephine the tooth, or rather to drill a hole through it into the internal cavity, for the escape of the

matter, and after the pain and inflammation has subsided, to cleanse and fill it with gold—proposing thereby to restore the organ to health and usefulness. It is scarcely necessary to say that this practice is in direct opposition to all surgical experience, and has rarely, if ever, been attended with success.

Cases are continually occurring, in which the young and inexperienced practitioner, finds it difficult to determine on the practice most proper to be pursued, but it is hardly necessary to observe, that he should never extract a tooth, however strongly he may be urged to do so, unless, upon careful examination, he finds this to be the only correct curative indication. It is a well established pathological fact, that parts primarily affected, do not always complain for themselves; the pain is often felt in a remote locality. Hence, sound teeth are often referred to as the seat of the disease, when in fact it is seated in some tooth quite remote from it, and are frequently sacrificed both by medical and dental practitioners. But the thoroughly educated and experienced dentist, will always be able to detect the organ that has produced the disturbance, even though it be remote from the one in which the pain is felt.

As a general rule, palliative treatment in idiopathic tooth-ache, is not advisable, except in the deciduous teeth, and then, only when inflammation and suppuration has not destroyed their vitality and rendered them sources of irritation to the surrounding parts. In this case, the morbid effects they exert upon the adjacent and contiguous parts, as well as upon the permanent teeth, which are at this time being formed, is productive of more injury than could be produced by their removal.

All teeth, whether belonging to the first or second dentition, which have given rise to alveolar abscess, should be immediately extracted, except in some very special cases, where their retention is called for by some very pressing necessity; and even here, the peculiar circumstances of the case which may require their presence only, can justify the exception to the rule. But important as is the retention of the temporary teeth, until the period when they should be removed by the operations of the economy to give place to more substantial successors, a deciduous tooth, after having become a source of morbid irritation,

should not be permitted to remain in the mouth, and under such circumstances, the dentist should not hesitate to remove it. Moreover, the premature loss of the temporary does not always, and of necessity prevent a natural and regular arrangement of the permanent teeth. I might adduce many examples, if it were necessary, in proof of the correctness of the assertion, yet as their premature loss is exceedingly liable to do so, the practice as I have before stated, should only be adopted as a *dernier resort*, as the least of two evils.

A temporary tooth seldom aches, until it has been attacked by caries, and then, not until the disease has penetrated to the nerve cavity. It is therefore to be regretted that it is so frequently permitted to attack them, when by timely and proper attention, it might, in the majority of cases be prevented, until the fulfilment of the indications of nature. Sometimes, however, owing both to defective physical organization and morbid constitutional influences, the best directed efforts to ward it off, will be defeated. In this case, its progress should be arrested before it has penetrated to the cavity of the tooth.

I am aware that the resources of art are seldom resorted to, for arresting the progress of caries in the teeth of first dentition, but I feel warranted, from experience, in recommending their application. Disease may, generally, be as successfully treated in these teeth, as in those of second dentition.

For the last few years, arsenic, has been extensively employed as a remedy for tooth-ache, and when the disease is dependent on inflammation of the lining membrane, it has proved successful, but inasmuch as it destroys the vitality of the tooth, the organ is rendered obnoxious to the surrounding parts. In consequence of which, in nine cases out of every ten, where the cavity in the tooth is afterwards filled, it gives rise to alveolar abscess. The practice, therefore, is unscientific, and productive of decided injury. For allaying simply sensibility of the bony structure of a tooth, it may sometimes be advantageously employed. But in using it even for this purpose, much judgment and care are necessary. If it be placed in the cavity of a tooth of a very young person, and which is of a soft structure, it will oftentimes destroy the pulp, and cause an effusion of blood in the

internal cavity, imparting to the organ, at first, a pale pink color, then that of a dark brown or purple, and ultimately give rise to alveolar abscess. No one article has been more extensively and generally employed in the treatment of tooth-ache, during the last five or six years than arsenic, and for some time it promised to be an invaluable remedy, but the pernicious effects which have resulted from it, should forever preclude its use as an agent for the destruction of the lining membrane of a tooth.

In thus giving expression to my strong disapprobation of the use of this article, I am happy to believe, that it is already discarded from practice by most of the better informed and more scientific members of the profession. There may be some and perhaps many respectable practitioners who, not having had an opportunity of observing the ultimate effects which result from it, still use it, but at present, in this country, I believe there are few such, and that its employment is chiefly confined to that class who advertise secret nostrums for the cure of this most painful and aggravating affection. In most, if not in all of the nostrums of the day, set forth and advertised as infallible remedies for tooth-ache, this constitutes the active ingredient, and is the essential agent upon which their authors rely for their temporary success.

It is unnecessary to say, that of all the other therapeutic agents that have been suggested and applied, for the cure of idiopathic tooth-ache, none have proved infallible. Many have been found to give temporary relief, to assuage the pain for a short period, for a few hours, or perhaps days; after which, it has recurred, in most instances, and often with increased violence. When, however, it is dependent upon the presence of some local irritant, the removal of this will often afford temporary relief, but a permanent cure will seldom be effected, except by the removal of the tooth.

But tooth-ache, resulting from a transfer of nervous irritation, or general constitutional disturbance, can often be speedily and radically cured. But in the treatment of this description of the disease, the remedies should accord with the peculiar indications of each individual case. An emetic or cathartic will sometimes give immediate relief. Pregnant females are peculiarly subject

to this form or variety of tooth-ache, and in cases of this sort, a Dover's powder and pediluvium on going to bed, will often be highly advantageous. I have known it in many instances to give speedy relief.

But to enter into a detailed description of the curative indications of sympathetic tooth-ache in every case which is liable to occur, would be to extend my remarks to too great a length, I shall therefore conclude, by simply observing, that the remedies must, in most cases, be addressed to the general system; or to organs remote from the teeth, and can only be determined by the pathological and therapeutical knowledge of the practitioner. To attempt to cure this form of the disease by local treatment, would only be to protract the sufferings of the patient, and in the end, to realize nothing but disappointment.

ARTICLE III.

Observations on the Use of Arsenic as a Remedy for Tooth-Ache, or for Destroying the Lining Membrane of a Tooth. By AMOS WESTCOTT, M. D., D. D. S.

SINCE the alchemist abandoned his search after the grand catholicon, or universal remedy for all diseases, perhaps there has been no disideratum, involving consequences of no greater moment, than a cure for the tooth-ache, and some means of avoiding the universally dreaded operation of extracting these useful and ornamental organs. And it has ever been true, that as any achievement in the healing art has been deemed desirable, not only have efforts been correspondingly directed to it, but also have pretended remedies been offered to meet the exigency. Hence in every age, have such efforts been elicited, and remedies offered, to cure this justly styled "hell o' a' diseases." It would be greatly amusing to see collected, in one chapter, or rather one library, a history of all the ridiculous charms and nostrums, invented, and recommended, by the wise and the foolish, the learned and the ignorant, from the unlettered soothsaying monk, to the scientific surgeon, to overcome this evil.

This unconquerable dread of not only the tooth-ache, but of the extraction, and loss of the teeth, would seem, in many cases, paramount to every other; and hence the apprehension of imposition, by the most ignorant charlatan, is waived, provided there is the least hope that he can, with his charms or nostrums, soothe this maddening pain without extracting the tooth. We can thus only, account for sensible persons often entrusting their teeth to those, in whose judgment, or skill, they have not the slightest confidence, except as elicited by this delusive hope. A patient afflicted with tooth-ache, calls upon a respectable dentist for his advice and services.

On examination, the nerve is found to be exposed and inflamed, and the advice is to have the tooth extracted. The reply at once is "but cant you kill the nerve?" Perhaps the dentist in answer to this inquiry, informs him that although he can kill the nerve, this will by no means, be the end of the difficulty, and that he prefers not to serve him in this way.

Not unfrequently the result is, that the afflicted man declares, "I will not have my tooth out, that is settled, for Dr. — says he can kill the nerve, and make the tooth as good as ever." The aid of the quack is, therefore, sought, and he "treats the tooth," and gets the fee.

Similar cases must come under the observation of every dentist in full practice, almost daily. When, therefore, we consider their frequency and their odious influence upon the profession, we can but feel that this subject deserves more special notice than it has hitherto received through the Journal.

In pursuing this subject, we shall notice some of the various ways, which have been adopted by those *having just claim to confidence*, to save teeth after the nerve is exposed—*especially* the present fashionable mode of *destroying nerves with arsenous acid*. The general object of each of them, excepting the practice of capping the nerve, is either to destroy its sensibility, or vitality.

Upon the subject of destroying the sensibility of exposed nerves, by the constant use of strong stimulants, such as the essential oils, kreosote, &c., no comment is needed, other than that they always prove prejudicial to the healthy state of the entire mouth.

No one ever attempted to retain such a tooth, by the use of such applications, without suffering infinitely more from the remote, if not from the direct effects, of this treatment, than was ever gained by their use. To say nothing of the effect of these substances themselves, either upon the mouth, or the general system, the fact that such teeth entirely preclude that cleanliness, absolutely necessary to the health and safety of the rest, is more than sufficient to condemn them. Another fact not unworthy of notice, is, that mastication is never performed on the adjacent teeth, often, and indeed generally, including all the teeth on that side of the mouth, both upper and under.

We have frequently seen the whole range involved in extensive disease, in this way—the teeth to the number of from ten to fourteen, encrusted with tartar, the gums spongy, and bleeding, the breath offensive, and all caused by a single exposed nerve kept quiet, by the constant application of some of the stimulants above named. In this way the foundation is not unfrequently laid, for the destruction of the entire set.

The habits of the American people, in respect to the preparation of their food, leave at best, far too little for the teeth to do, and if the exercise they generally get, is to be thus entirely lost on the affected side, the result is necessarily bad. In respect to *capping nerves* that are exposed, with the hope of saving the teeth by plugging them, it is a practice which so far as our own experience goes, by no means to be relied upon—nor do we think there is any good reason to hope, that it will ever prove satisfactory, when we consider the anatomy of the parts involved. A nerve cannot be exposed without a positive destruction of a portion of the lining membrane of the cavity, containing the pulp—nor is there any possibility of this being restored, unless we can believe that it will stretch across a foreign substance, which is impossible. It follows then that there is a wound inflicted, which cannot, on any supposition, be healed, and if not, we may expect trouble from it, sooner or later.

We have tried this experiment time, and again, without success in a single instance. And we are at a loss to account for the successful cases reported, unless we suppose a gradual destruction of the nerve, (which sometimes occurs without pain,) and this we consider to be the inevitable, ultimate result, if the plug is perfect.

Let us next examine the more prevalent practice of destroying nerves by the use of *arsenic*—a practice sanctioned by many of our best operators.

The use of arsenous acid, or the white arsenic of the shops, with the view simply to remove excessive sensibility of the bony structure of the teeth, has been very ably treated, and justly condemned, by Dr. S. Burr and Dr. Edward Taylor, in No. 2, Vol. 5, of the American Journal of Dental Science, although both of these gentlemen, either tacitly, or directly, sanction the practice, when the object is the destruction of the nerve.

Before giving any reasons for our own views upon this latter use of it, which are averse to its employment under any circumstances, we beg leave to say, that our prejudices have not arisen from any want of a faithful trial of its virtues, in perhaps some hundreds of cases. In expressing a belief that it would have been far better for the community and the profession, had not this remedy been discovered, or at least applied to this purpose, we do not expect to find ourself in the majority—we should certainly judge so, if we founded our opinion upon its almost universal employment. Our objections may be brought under the three following heads, viz.

1st. Its tendency to create a morbid action about the tooth.

2d. Its liability to produce bad, or even dangerous effects upon the general system, either through the agency of absorption by the vessels accompanying the nerve, or by its getting into the mouth and stomach, or by both.

3d. The prejudicial influence of this practice upon the profession.

In relation to the local effects of arsenic when applied to the nerve of a tooth, although its action is generally regarded, as simply escharotic, we think it by no means limited to this. We have in numerous cases removed the nerve, after the arsenic had been applied for twenty-four or thirty-six hours, and have uniformly found it highly injected, and to have taken on an entirely unnatural appearance, throughout its whole extent, although it may not have lost its sensitiveness. It is this rapid extension of this morbid action, which constitutes the basis of the first objection named. We hold, that if this morbid action extends to

the point of the root, there is no guarantee that it will not extend *through* it, so as to affect the parts exterior to the root. And such seems to be the result of experience ; at least, so far as our own can furnish testimony upon the point. It may be remarked, however, that the tendency to periosteal inflammation, which this treatment induces, is considerably varied in the different classes of teeth. We have been in the habit of attributing this difference mainly to variation in the size of the nerves in the respective classes, and comparative amount of circulation and consequent freedom with which the effect was conveyed through the root. We have been led to this conclusion, not only from observing that this tendency to diseased action *about* the root, bore some ratio to the size of the nerve in the different classes referred to, but also from the fact that the inflammation and subsequent ulceration, in *molar* teeth, were generally confined to the palatine root, whose nerve is ordinarily many times larger than either of the others. That the nerves of the teeth or their accompanying vessels are capable of absorbing this substance, when of sufficient size, and especially when in a state of inflammation, there can be no manner of doubt, when we consider the abundant testimony of its frequently being absorbed, when used as a local application. We have tried it according to every recipe we have seen, and in all the combinations which have been invented, and all with a similar result. Although the morphine and kreosote, in the fashionable prescription, by their powerful narcotic effect, may diminish the pain, we cannot believe they prevent the result we have been describing—the absorption of the arsenic.

That inflammation about the roots of teeth, and alveolar abscesses, may result from, and often are induced by other causes, we of course admit. Indeed this is, as every dentist is aware, almost the uniform result, where the nerve dies by being long exposed to the common irritants of the mouth ; yet this does not excuse us for employing as a remedy, an article whose use leads to a greater evil than that which it is designed to remedy. But beside the objection to this article, based on the danger of its being absorbed, and of thus creating an inflammatory tendency, and morbid action in the investing parts, we think the apprehension of danger from its effects upon the general system, is not entire-

ly unfounded. No fact is more clearly established than that arsenic may be taken into the circulation by being absorbed when applied to a wound, and even upon the tongue. And when we consider, that a very small quantity, through this medium, has produced even fatal consequences, we feel that some more safe remedy is desirable, where the end to be gained is so trivial, compared with the danger of the means employed to effect it. We know it is, and will be claimed, that "in *judicious hands* no risk need be incurred." If the dentist did not place his prescription beyond his own power of control, this argument would have greater weight, so far as its action was concerned, by its getting into the mouth, and thence into the stomach; but placing it in the teeth of careless persons, he will frequently, on a second visit, look in vain, to find either the arsenic or its envelope, and ten chances to one, if his patient can give any account of it.

We may form some idea of the power of this remedy from the minuteness of the dose, when used in the treatment of disease, where health, or perhaps even life, is at stake. One of the most common forms of administration is that of Fowler's Solution. This consists of arsenic, four grains to one ounce of water, and four drops is considered a dose for an adult. This would make each dose contain one-thirtieth of a grain, and even this is directed to be given, and "the effect watched with the greatest caution, and to be discontinued on the first appearance of any untoward symptoms." Now, is not this many times less than is frequently placed in the cavity of a tooth even by "judicious hands," with no *certainty* of its not escaping into the mouth? In this view of the case, we have not considered the possibility of bad effects upon the general system, through the agency of absorption by the vessels of the nerve itself, and its being carried thus into the circulation, although we have good authority for believing, that "when applied *externally* to a wound, it occasions death, even more speedily than when it has been taken into the stomach."*

In our investigation of this subject, we have sought to ascer-

* Beck's Murry, p. 122.

tain the smallest fatal dose of arsenic when taken into the stomach, and also, whether its action as a poison, was peculiar, or what was its *modus operandi*. Upon either of these points, we have been unable to get definite information, although upon the former, we are enabled to arrive at an approximation to the truth. The action of narcotic poisons, and some of the irritant poisons, especially mercury, is varied so much by idiosyncrasy, that what would destroy life in the case of one, might prove perfectly harmless with respect to another. In regard to arsenic, although its action is doubtless varied to some extent, not only by peculiarity of constitution, but particularly by the state of health, yet we have no authority for supposing that the difference is ever so marked as in respect to the articles above referred to. The actual minimum dose, which would destroy life, is, therefore, not only rendered uncertain by such considerations, but still more, by the actual want of direct experiments upon this subject; it being, of course, inadmissible to experiment upon the living human subject. Although the cases of poison by arsenic are frequent, and are often investigated with the greatest care, yet when this article is given or taken, for criminal purposes, the dose is not only indefinite, but by no means the smallest, which may be supposed to prove fatal. The following testimony touching the question relative to the amount required to destroy life, in any case, and also, respecting its *modus operandi*, is from authors whose testimony should have great weight.

"Arsenic acts with great violence when taken internally, and destroys life in a very short time. When taken in *too large a dose*, as for instance, *one fourth of a grain*, it excites nausea, and slight chills. * * * *In doses above a grain, it destroys life*, with symptoms denoting inflammation of the alimentary canal." This idea (respecting its specific action) "is certainly countenanced both by the appearance on dissection, and by the corrosive quality of this substance."

"Mr. Brodie, however, rejects this explanation of its *modus operandi*, and thinks himself warranted to conclude, from several experiments he performed upon this subject, that arsenic enters into the circulation, and that it produces its effects by

acting at once upon the *nervous system, the organs of the circulation, and the alimentary canal*; and that death depends immediately on the suspension of the functions of the brain, and heart." "This opinion is also entertained by Orfila."* Dr. George F. Gaeger of Stutgard, in a very elaborate and interesting dissertation, on the effect of arsenic upon various organized bodies, adduces a number of very strong arguments to prove, that arsenic does not produce its effects by any local action on the stomach and bowels. "Nor in the manner of acrid poisons, nor the nervous system, but is *analogous to the poison of the viper*, and ticunas, which *act primarily* upon the blood.†

It will be seen from the above quotations, that, upon the mode in which arsenic destroys life, there are various opinions, and by those having perhaps equal claim to authority.

The following testimony in respect to the minimum fatal dose, is somewhat more satisfactory, although not as definite as we could wish. Dr. Christison says, "the smallest actually fatal dose, I have hitherto seen *recorded*, is $4\frac{1}{2}$ grains." Dr. Pereira says, that, "the powerful effects sometimes produced, by $\frac{1}{2}$, $\frac{1}{4}$, or $\frac{1}{8}$ a grain, lead us to suspect that one or two grains might produce death, but we have no recorded case of this." Hahnemann says, "One, or two grains, may prove fatal," and Dr. Christison in remarking upon this statement, observes that "it cannot be very wide of the truth."‡ As arsenic is generally (at least when employed for dental purposes) used without weighing, it may be well to state in this connection, its great specific gravity, which is stated by Dr. Turner to be 3.7—nearly four times as heavy as the same bulk of water.

We submit the above suggestions and testimony upon this topic, hoping that they may elicit investigation and correct information upon this important subject. We would gladly leave this discussion, with our brief notice of the objections already stated, but we consider the third one named, hardly less formidable, than the two preceding. To the position that any article which it is *possible* to use safely, should be proscribed, either because it is liable to be

* Eberle's Therapeutics, p. 201.

† Edinburgh Med. and Surg. Journal, Jan'y, 1811.

‡ Pereira's Materia Medica and Therapeutics, vol. 1, p. 535.

abused by quacks, or because its use by men of respectability, may be calculated to increase the number, and enhance the power of empirics; or because such practice tends to disgust the public with the resources of our art, we expect to find strong opposition. This, however, will not deter us from submitting our own views upon this subject, leaving it for the future to decide, whether they shall be set down as merely chimerical, or whether they should have a bearing in relation to this and other practices of similar tendency.

We shall be asked, why not strike arsenic, and a multitude of other articles, from the *materia medica*? This we think admits of a very brief answer. It has ever been regarded inadmissible, to use dangerous remedies, even where health and life are at stake, where the remedy is more dangerous than the disease, or when milder ones can be substituted. But the application of this article for *dental* purposes, has by no means the same apology. The object to be gained, at best, is merely the hope of saving a tooth. And were it true that even this object, could with certainty be realized, our objection would have less weight. But when we consider that *by its use*, we lay the foundation of morbid action about the tooth, resulting *generally* in an unhealthy abscess, an evil much more to be dreaded than the one for which the remedy was applied, we are inclined to say, that *far* "better that *one member* should *perish*," than incur the hazard of the experiment. But we will not *anticipate* objections to the sentiments we have expressed upon this subject, not doubting they will appear in due time.

Having taken the liberty to condemn the use of arsenic for the purpose of destroying nerves, we shall offer some remarks on what we consider a far preferable mode of practice, and our reasons for thus regarding it; we allude to the practice of removing them at once, with an instrument. A very excellent paper upon this mode of operating, was read by E. J. Dunning, before the American Society of Dental Surgeons, at its last annual meeting, and published in the first number of volume 6, of the American Journal and Library of Dental Science. Although we cannot by any means regard a tooth deprived of so much of its vitality, as it must be by the loss of its nerve, beyond contin-

gency, yet from such experience as we have had, we consider the chances of success infinitely greater than when the nerve is destroyed with arsenic. In the one case, we make the operation strictly a surgical one, in the other we create a disease (certainly so far as regards the nerve itself) which we cannot control. When the nerve, in a healthy state, is removed with an instrument, it being cut off near its upper extremity, no morbid action is excited, nor any impediment formed to the healing of the wound, the absorbents being sufficient to dispose of any thing that need be left, between the upper extremity of the filling (which should be introduced as soon as hæmorrhage ceases) and the point of the root. This cannot be the case where the nerve is destroyed with arsenic, as then, there would be diseased action above the plug, certainly if the action of the arsenic has been such as to destroy the nerve its whole length. But if, in order to avoid this result, we only apply this substance so as to destroy the exposed portion, and then remove the remainder with an instrument, we have incurred the hazard of using this poison, to effect but a poor purpose, inasmuch as we only thus induce a *morbid* sensitiveness in the nerve, making the operation decidedly more tedious than if we had used the instrument without any previous treatment. We of course go on the supposition that the nerve is to be removed, "dead or alive," for no one would think of shutting in the nerve in either state, especially after it was saturated with arsenic. In respect to the pain necessarily connected with the removing of an inflamed nerve, it is seldom if ever very considerable. We have frequently performed the operation when the patient declared it no greater than would be inflicted by the prick of a pin.

But whatever may be said in favor of any method of destroying nerves, one objection must ever lie against the practice; which is, that it renders the teeth comparatively dead, and necessarily less capable of resisting morbid influences. Although we occasionally destroy the nerve of a tooth (exclusively by an operation) with the view to fill it, we cannot regard the indiscriminate practice with unqualified favor. The success of this practice must ever depend upon a strict regard to a variety of circumstances which materially modify the result. It is, for ex-

ample, wholly inadmissible to destroy the nerve of a tooth in *any* way, which is already diseased about the root, and especially, if it has no antagonist. As a general rule, it may be said to be bad practice, where there is *general* disease of the gums, or an inflammatory tendency, and when the most rigid care is not taken by the patient, of the teeth and mouth. Not only should the state of the mouth be consulted, but temperament, the state of the health, and above all the habits of the subject are to be carefully considered, before we decide that the operation will, on the whole, be the least of two evils. Another governing circumstance, which should never be overlooked, is the class to which the tooth in question belongs. According to our own experience, it is much more successful upon the upper than upon the under teeth, although we are unable to assign a good reason for this. One thing is certain, that when inflammation and ulceration do result from this treatment, the consequences are far more serious, as connected with the under jaw, and the reason of this is obvious. The walls of the alveolar processes in the upper jaw are thin, and matter finds an easy egress, whereas, in the under, these walls are not only thick, but very dense and firm, making the escape of matter extremely difficult. Such is the resistance offered by the bony wall in these teeth, that it generally finds its escape by the side of the fang, often involving thus the entire periosteum. We have seen the inferior bicuspidati literally raised from their sockets in this way. Others may do as they please, but for ourself, we will not consent to destroy a nerve on the *under* jaw, in any manner, till our views are materially changed upon this subject, and we have not yet seen fit to extend this practice farther back than the first molares on the upper. Such are our own views upon what we consider the *best* method of destroying nerves. We have already given our objections to the practice of "treating" nerves with arsenic. It only remains for us to notice the basis of the extensive *call* for this practice, by patients, and the temptations to meet such calls by dentists. We have no doubt that a far greater proportion of the teeth which are treated, would be extracted, were it not for a supposed necessity on the part of the dentist that he must meet the *wish of his patient*, or there would

be a risk of losing his patronage. In conversation a few days since with a professional brother, for whose honesty and skill we have much respect, and whose views upon the use of arsenic to destroy nerves, were similar to our own, he said that his "patient *would have* nerves killed," and that he "should lose one-half his business, did he refuse to do it." This, we have no doubt, is the feeling of many, yet we think it is making far too great a virtue, of a small necessity. With the present prevalence of the belief, that teeth may be saved in this cheap way, we will guarantee to any dental practitioner, that he will have an abundant call for this kind of service, yet can the call for such practice, unless it is in itself right, justify any one for adhering to it? Suppose that, by any means, the belief had become general, that arsenic would cure the head-ache, and it was by those affected with this malady, to be sought for this purpose, would the physician be justifiable for meeting the wish of his patient, knowing the prescription to be not only bad, but dangerous, simply because he feared he should lose his patronage?

Would a surgeon be justified in letting blood, against his own judgment, simply because he was requested to do so?

But there is not the slightest need of losing patients by refusing to kill nerves with arsenic. All that is necessary for a dentist to ensure confidence, is by his works, to convince the public in which he is located, that he is thoroughly qualified to serve them, and that he is willing to do so, in every way save by quack operations; let him inform his patients that when nerves are destroyed by *any* "treatment," arsenic is the material with which it is done, notwithstanding they may have been told, that it could be done with some "mild and harmless cordial;" let him above all, explain to his patient, the necessary, direct, and remote effects which this drug will have, and if all this is done in a kind, frank, and intelligent way, we should be willing to be responsible for the loss of every patient worth retaining. We claim that the call itself for this practice, is necessarily based on a false idea of its virtues, and ignorance of the danger and risk necessarily attending its application; and whenever patients are truly enlightened upon both, they, as a general rule, cannot be persuaded to have it applied.

No popular error connected with dentistry, is so universal, or so mischievous in its consequences as the supposition that a *tooth cannot ache after the nerve is destroyed*. This single error has been the basis of more quackery than all others combined. This mistaken notion, not only makes thousands willing dupes to those who will assure them that they have some peculiar method by which nerves may be destroyed, "without pain," but causes them ardently to seek the services of those who possess the invaluable specific. Its consequences are exceedingly bad in another respect. It serves as the basis of a negligence, both in respect to their own attention to their teeth, in regard to the use of the means of preserving them, and in respect to securing the timely services of the dentist; feeling that there is *one last hope*, "the nerve can be killed," and then all will be well. Any dentist who occupies the same field for any considerable time, is responsible in some measure, for the notions entertained by his patients, at least, upon all the important topics connected with his professional practice. He may prepare them for imposition, or he may, by diffusing correct information, shield them against the most insidious attacks of empirics. Let, for example, a dentist who is at all entitled to respect, take good care to instruct his patients, that caries depends upon some peculiar state of the stomach, and as a conclusion, that these causes are beyond their control, and that any means adopted to secure cleanliness, other than those directed to keep the *front teeth looking decently*, are a humbug, let him take good care to have them all impressed with the idea, nay, the firm belief that teeth can be saved just as well, or perhaps rather better, after the nerve is exposed, so that it may be destroyed, and that all this can be done by a very slight operation, one which causes not the least pain, that all dead roots in whatever state they may be in, should be retained, "to keep the jaw in place, and the face from falling in," and we have no doubt that such an one will find ample scope for kreosote and arsenic, if for nothing else, for the *antiseptic* powers of these choice remedies. He will call about him just that class of patients which his doctrines are calculated to create, and who will demand at his hands, the very remedies he has advocated.

On the other hand, let him spare no pains to instruct his patients *properly*, in relation to all those cardinal points, constituting the basis of good practice, teach them the *real* causes of decay, how they may be avoided, how counteracted, in short, how controlled; let him impress the belief, that even the nerves of teeth were placed there for some good purpose, and that the teeth are far more safe while the nerve is in its normal condition, and that the active ingredient in all the "mild cordials" used for the purpose of destroying them, is *ratsbane*, which can never be used without danger; that the tooth must at best be a dead tooth, originating not only inflammation, but ulceration, and the most tedious and uncontrollable kind of tooth-ache; that, indeed, the very means employed to cure, lays the foundation for all this train of evils, and he may rest assured that a very different kind of patients will grace his operating rooms, and with as different a suit of requests. Such instructions will not only secure to him who gives them, and practices accordingly, a suit of patrons who will stand by him, but they will free him from a thousand perplexities and trials necessarily accompanying *any* compromising course.

ARTICLE IV.

Effects of Creasote on the Economy in Health.

REICHENBACH has properly remarked that the excessive burning pain in the tongue, which creasote causes, must have at once suggested it to be a poisonous substance. It was soon found that plants, sprinkled with creasote water, died; that fish placed in it were convulsed; and that small animals, as wasps and flies, died when touched with pure creasote. If a small quantity of it be spread upon the hand, and washed off a minute afterwards, the place is found to present a white appearance, but without pain or inflammation. In the course of a few days the place becomes dry, and the cuticle desquamates. When creasote is applied to a part where the epidermis is deficient, or to a

wound, instantaneously an extreme violent burning pain is experienced, which continues for eight or ten minutes, but if the part be carefully washed, it gradually ceases. The cause of this is conceived to be the property which creasote possesses of coagulating albumen; and, where blood is flowing, of arresting it. If the rapid disturbance, which it excites, affects important organs, death results sooner or later according to their importance in the economy; relief, however, may be afforded by those substances that dissolve coagulated albumen, as caustic alkalies, acetic acid, &c. It is probable, however, that the poisonous properties result from its acrid character.

To appreciate the physiological effects of creasote, experiments have been undertaken by many individuals. Miguet gave a young dog, for eight days, an ounce a day of distilled water containing four drops of creasote, without any effect. When, however, he doubled the dose, nausea, languor, subsultus tendinum and tremors occurred, followed in the course of a few days, by marked emaciation. On discontinuing the creasote, the functions gradually resumed their pristine condition, and the animal recovered its flesh. To another dog, he gave at once two drams in half an ounce of water, and immediately thereafter great prostration of the muscular system ensued—vertigo, fixed eyes, stupor, dyspnœa, accumulation of mucus in the air passages, spasmodic cough, discharge of large quantities of foamy saliva, with vomiting of a milky matter, although the animal had taken nothing of the kind. After two hours of suffering, the animal died of convulsions. The body was immediately opened; all the tissues, except the liver, exhaled a strong smell of creasote; and the whole of the mucous membrane of the intestinal canal was inflamed. The matters contained in the stomach coagulated when placed in contact with albumen. When heated, they yielded a thick smoke, and a marked smell of creasote. In the heart and large vessels the blood was more firmly coagulated than usual: the lungs were gorged with blood; in the brain there was no evidence either of congestion or hæmorrhage.

In another dog, into whose carotid equal portions of water and creasote were injected, death resulted with similar phenomena, but more rapidly. The precise quantity of creasote used in this experiment is not stated.

Simon, in his experiments, found that when ten drops of creasote, diluted, were injected into a vein, scarcely any effect resulted.

Reiter and Müller, who likewise made experiments on animals, agree with Simon as to the result of injections of creasote into the veins; no special symptoms were induced by it, but this appeared to be owing to the blood being instantaneously coagulated by it, which not only prevented the farther progress of the creasote, but also of the blood, hence no evil consequences resulted; and it is probable, as Riecke has suggested,* that the weaker the solution of creasote, within certain limits, the greater may be its effect on the mass of blood.

Corneliani,† an Italian physician, has also instituted a series of experiments with creasote on lambs, rabbits, &c. All these animals bore small doses of creasote—however unwillingly it might be taken—without any remarkable results, and without loss of appetite. Large doses, however, immediately occasioned general torpor, sudden inclination to pass the urine, paralysis—especially of the lower extremities—with or without convulsions, and frequently the ejection of a bloody foam. When the doses were large, and it was but little diluted, death took place in a few minutes, and on examination, the inner lining of the stomach was generally found corroded, yet not so constantly as to allow of death being ascribed to that circumstance.

It followed, farther, from his experiments, that pure creasote applied to a denuded nerve, or injected only in small quantities into a vein, may occasion death suddenly, and that the application of the creasote to extensive, wounded surfaces in the same animals may be ultimately followed by fatal consequences.

Where a very large dose of creasote was administered, immediate death was produced without organic lesion.

In the trials made with it by Dr. Elliotson,‡ he found no action produced upon the bowels; but it sometimes augmented

* Die neuern Arzneimitteli, u. s. w. S. 153.

† *Giornale delle Scienze Medico-Chirurgiche*, No. 8. Febrajo, 1835; *Brit. and Foreign Med. Review*, p. 265, Jan. 1836, and *Journ. de Chimie Medicale*, Fev. 1836.

‡ *Medico-Chirurg. Transact.* vol. xix. London, 1835.

the quantity of urine. He once saw it in doses of a minim three times a day, cause micturition nine times in an hour. In another case, in doses of three minims, it produced severe strangury.

According to Simon, when applied to the muscles, it destroys the surface like a caustic. Müller and Reiter, in their experiments, found that it speedily rendered the muscular fibres of a dirty whitish appearance, and readily lacerable. When applied to the fresh blood of the hog, it converted the color in an instant to an ashy gray; after which it became black and quickly coagulated. Mixed, either pure or diluted, with blood, it thickens it, the mixture assumes a brown red color, and it is found studded with small white points, which are nothing more than coagulated albumen. On exposing the coagulum to the air, it assumes a yellowish red color. Reich, on the other hand, who appears to have made many experiments with creasote, both in internal and external diseases, affirms, that he has never observed any caustic effect from it; from which assertion, as Riecke has remarked,* the only inference to be deduced is, that he must always have applied it largely diluted. Frémanger likewise asserts, that when pure creasote is applied to the epidermis, it does not destroy it; but merely occasions more or less redness of the skin. When applied to a suppurating surface, it caused, instantaneously, the formation of a white pellicle, owing to its coagulating the albumen contained in the secretion from the wound. Adventitious tissues, with which it is brought in contact, are destroyed by it. When placed between the lips of a wound it prevents healing by the first intention, by coagulating the albumen, and, consequently, it may be employed in all cases where it is desirable to prevent the growing together of parts. Frémanger is, indeed, disposed to refer all its efficacy to the action which it exerts on albumen.

Its long continued use often occasions an inflammatory condition which, as Dr. J. L. Da Luz† observes, has nothing in com-

* Op. cit. S. 154.

† *Jornal da Sociedade das Sciencias Medicas de Lisboa*, tom. v. Lisboa, 1837; reviewed in *Zeitschrift für die gesammte Medicin.* Oct. 1838, S. 244.

mon with the disease, for the cure of which it may have been prescribed. In a case of porrigo favosa treated by it recently by the author, febrile irritation supervened, and the head was covered by an artificial eruption, which induced, however, a new action in the intermediate system of the scalp, and after its subsidence, the porrigo was cured.

Dr. Cormack, of Edinburgh, has likewise instituted various experiments on the lower animals to test the physiological effects of creasote.* In three experiments, about twenty-five drops of pure creasote were injected into the venous system of dogs. All the animals died. In every case of poisoning by it, which he has observed, Dr. Cormack found the following to be the symptoms:—Its first deleterious action was a powerful one of sedation on the heart; the vital energies of that organ seeming to be instantaneously paralysed. In some instances, hurried and sonorous respiration went on for more than a minute after the heart had ceased to beat. In general, one or two convulsions, resembling the tetanic, preceded death; and, almost invariably before expiring, the animal uttered one or more shrill cries. In every instance, the atony of the heart immediately after death was very striking.

From other experiments it appears, that when creasote is injected into the arteries, the deleterious effects are of a much milder character, and if the dose is not large the animal may experience but little inconvenience; a circumstance, which proves the importance of a thorough admixture with the blood before the poisonous article reaches the heart; such admixture not taking place, to the necessary extent, when the poison is injected into the veins, but being readily effected when injected into the arteries, and consequently distributed through the capillary or intermediate system.

When taken for any length of time, the urine acquires a blackish hue, and in some cases creasote can be recognised in the urine.†—*Dunghlison's New Remedies.*

* Op. cit. p. 66.

† Dr. Macleod, in *Medical Gazette*, xvi. 559, and xvii. 653.

ARTICLE V.

On the Application of Artificial Teeth, on Plates with Clasps.

By S. M. SHEPHERD, D. D. S.

Messrs. Editors :—As improvement has been the all-absorbing theme in the dental profession for the last several years, and especially so since the establishment of a Dental Journal, through which the various members can report their experiments, discoveries, &c., each item, I may say, in the catalogue of dental operations, medical, surgical and mechanical, has been the subject of close *re-examination* and experiment. But while all who are at all familiar with the subject are satisfied that numerous and valuable discoveries and improvements have been made, none ought to doubt that in some particulars, errors have crept in. This remark is applicable to errors in practice, wherever found; but my object at this time is to call the attention of the profession to one single item, the manner of clasping artificial teeth. I think a decided error prevails in this particular, which has done, and is still doing a great deal of damage. The error of which I speak is found in the broad clasp, which has become almost universal.

Since the appearance of Dr. Brown's most valuable essays on "mechanical dentistry," accompanied by his plates, I observe that almost every artificial piece requiring clasps is copied after his; an error the more fatal because so few were to be found in the whole of his publications on the subject. And it is a singular fact, that, not an idea suggested by him has been, so far as I am able to judge, more readily seized upon. Those papers of the doctor's were well timed, and served as a sort of pioneer in the mechanical branch of dentistry, especially among dentists who are situated remote from the large cities, who seldom see an artificial piece except of their own manufacture. Many labored under great embarrassment, for want of knowledge, which is amply furnished in those papers.

But no practice is admissible which results in injury; and so far as my observation extends, the broad clasp, with few exceptions, does inflict injury on the tooth over which it passes.

A single reflection upon the articulation of the teeth will show the impropriety of placing any clasp or fixture on them that would prevent their natural motion. The periosteum or the membranes lining the socket and covering the fangs of the tooth, gives it the power of motion, of which, it may not on any account be robbed.

This is done to a greater or less extent by the use of the broad clasp.

A description of the manner in which the clasp is made, of which I complain, will give some idea of its unyielding character. The plate is cut and stamped down upon the model, extending not merely to the tooth, but having a circular notch cut or filed out so as to conform exactly to the shape of the tooth at its neck, one-third, or even half way round it. The clasp is then cut from a piece of plate a little thicker than ordinary, and being wrapped around the tooth, covering nearly its whole crown, the edge is neatly fitted down to the plate and soldered firmly. This constitutes a fixture as unyielding, comparatively, as the nose band of a cart axle, and when forced over the crown of the tooth, it holds it with something like the firmness of a vice. But in many instances, when these cart bands come to be applied to the teeth, they do not fit; they were made to fit the model precisely, and unless the model is an exact representation of the teeth, they do not fit the teeth of course. But fit or not, if they will go on at all, and *stay* there, they are usually forced on; for the manner of their construction will not admit of much alteration after the piece is finished, no matter how much or how little they may require it. In case the fit is not perfect, the position of the tooth may be changed, pushed over a little to one side, which gives it a very uneasy feeling until the periosteum becomes paralysed at the points of pressure. Thus the circulation in this delicate membrane is cut off at those points, and disorganization is the inevitable consequence.

Another important consideration arises here; the fit of these clasps is usually so *tight* that the wearer finds it exceedingly difficult to remove them for the purpose of cleaning, so much so that in many cases it is partially, and in some, wholly neglected. Wherever this is the case, sad is the result.

I will mention one case only, out of many which have fallen under my notice. Mrs. ———, of the town in which I live, visited one of our northern cities, a few years since, for the purpose of having some artificial teeth inserted. She had lost the superior central and lateral incisors, the cuspidati, and the first and second bicuspid of both sides. I saw the mouth before she went on, and it was a most beautiful case to be filled. The teeth to be clasped to, were well adapted to the purpose, perfectly healthy and firmly set in their places. She went on, however, and had them put in. Some twelve or fifteen months after this she called on me to examine her mouth, and said her teeth required some little alteration. I saw in an instant that very broad and powerful clasps had been used, and all round these, originally healthy molar teeth, the gums were in a state of actual suppuration, and highly inflamed. I removed the artificial teeth, but not without considerable difficulty, so very tightly were they forced on; and when I did succeed, the blood flowed freely from the gums. I asked the lady how *she* managed to get them out when she wanted to clean them.

"I get them out!" said she; "they have never been out but once since they were in, and then I got a dentist to take them out to do something to them;" and no one would doubt it after looking in her mouth. Those fine, healthy molar teeth, which I saw not more than two years before, were now partly drawn from their sockets, quite loose, and bid fair to make a final exit in less than two years more.

The idea seems to be prevalent, that the more firmly an artificial piece can be secured in the mouth, the better.

It is certainly an unpleasant thing to have one's teeth falling about in the mouth, of their own accord, and to see, when in conversation with an individual, his or her teeth drop down a quarter of an inch every time the mouth opens, it requires more patience than I possess to sit or stand still. So, then, for the comfort of all parties, it is necessary, when artificial teeth must be worn, to have them at least sufficiently secured to maintain their position.

This I think may be done by the use of an elastic clasp, which will not produce the injury to which I have referred. The clasp

which I use is a wire, made nearly flat on one side, but a little more convex on the other. One end of this is soldered to the plate at a point where it will lie easy, and the other end extends to the tooth to which it is to be fastened, passes quite round, and is bent in, so as to spring to the tooth binding upon its surface, at least three-fourths of its circumference; and at the same time I give it a shape that will cause it to spring the plate to the roof of the mouth. Thus I have a clasp that acts as a spring, which is perfectly elastic and yet it is steady. I have used the various clasps which I have seen in use, and these in all respects please me better than any I have ever tried. When made right, I believe, they are less liable to become loose than any other, and if from any cause they should become loose, it is no trouble to make them fast. Some object to clasps of this kind that they are liable to wear the teeth off, around which they pass. Dr. Westcott ridicules the idea of wearing off a tooth with a gold wire. There is a good deal of truth in his remarks on that subject, but I am not prepared to go all the way with him; for I am satisfied that I have seen some teeth cut off by the clasp alone; and that by a wearing process. So far as the clasp serves as a means of confining corrosive agents to the surface of the teeth, the narrow clasp is far less objectionable than the other.

The clasp that is most liable to wear away the tooth is that which does not pass sufficiently far around it to embrace it within itself; but simply passes behind it, while some other part of the piece rests against the front part of some other tooth, which thus for a time will keep it tolerably secure; but so soon as either of the teeth yield a little, which they will both do in a very short time usually, the whole piece becomes loose and begins to slip about in the mouth at every motion of the tongue. Then begins the wearing process; and if you tighten it by bending in the clasp, the teeth yield still further, and thus it continues until the tooth is cut off.

I will venture to affirm that this will never happen where the clasp embraces the tooth sufficiently to sustain itself independently of any other tooth.*

* Our own observations and experience do not accord with the views of Dr. S. as expressed in the foregoing article. Wide clasps when accurately

ARTICLE VI.

*Letter from G. EVANS.**Social Circle, Ga. Nov. 20th, 1845.*

SIR:—Inclosed you will find a history of a case of rapid appearance of teeth (in the course of twenty-four hours) in sockets from which others had been extracted, and of fungous excrescence, &c., which occurred in a child of four years and seven months of age. You will also find twelve of the teeth enclosed, the other twelve mouldered to dust, this occurred in Caswell County, North Carolina, some twelve years since. As I am only a student of dentistry, I send the history of the case, and the teeth to you, with a request that it be reported in the American Journal of Dental Science, with such remarks as you may deem proper to make, if you should think the case worthy of notice.

Yours, &c.

JOHN H. GRAVES.

TO DR. C. A. HARRIS.

Caswell County, N. C., Oct. 10th, 1845.

DEAR SIR:—I did not receive your letter of the 12th of August, till yesterday. We now proceed to answer your request, to the best of our recollection, as the case was not committed to writing at the time. The child was four years and seven months old when he first complained. Well and healthy before, was restless of nights a while before we knew any thing was the matter with him. One morning he came to his mother and said he had a sore in his mouth: she looked at it, and thought it was a gum-boil. It continued to grow, and a few days after, Dr. John Comer was called; he came, and he called the place a fungus. Two of his jaw teeth had become loose; the doctor thought it advisable to extract them, and did so. This was on Friday, and the next day week I called the doctor again. By this time

adapted to the teeth on which they are placed, we have found, hold a dental substitute more firmly than narrow ones, and that too, with less injury to the teeth, and it is for this reason, that the former have almost wholly, within the last few years, taken the place of the latter; we are glad, however, that the attention of the profession is invited to the subject, and should be glad to have a full expression of opinion from the members of the profession upon it.—*Balt. Ed.*

it appeared in both jaws : he then extracted several more, they being loose, and continued to get so till all his jaw teeth were extracted, from his eye teeth back, done at different times as they become loose. Twelve in number taken out, which had firm roots, and they were not decayed, no complaint of tooth-ache, as they were extracted ; others would appear, sometimes in twenty-four hours, which I extracted with my fingers, as the roots were soft or fleshy, as you may see by those I send you, the same number as the first. All his fore teeth remained firm and tight till his death. This all took place in one month from the day the doctor was first called to the time he died : he became very much swelled in body ; he lost his flesh but still kept hearty to eat such as he could eat without teeth ; he had always been a very healthy child. By examining those teeth I send, you find seven which are of the first set, the other five are of the last, the balance of the twenty-four, that was taken out, mouldered away to dust. The suffering he bore is past describing. The doctor operated two or three times on his jaw, but all to no effect.

Your friend, &c.

GOODWIN EVANS.

TO MAJ. JOHN H. GRAVES.

P. S. I was a student of medicine at the time the case given by Mr. Evans occurred, and as far as I recollect, it is pretty correctly described ; one important fact, however, which he has omitted, I will mention, that is, after all the teeth were extracted he brought him to Dr. Comer, where I was prosecuting the study of medicine, and I saw the doctor remove large fungous excrescences that had sprung up out of the jaw bone, when the teeth were extracted. This was frequently repeated afterwards, all however to no effect, as they continued to return as long as he lived, notwithstanding the actual cautery was frequently applied.

N. M. ROAN.

NOTE.—The only thing mysterious or difficult of explanation in the case, here described, is, that so young a child should have been the subject of a fungous excrescence of the jaws. Eight of the teeth which were removed were the temporary molares, eight the bicuspidæ, whose crowns were only partially ossified, and the other eight, the first and second permanent molares, the last but partially ossified. The temporary teeth and permanent molares are in our possession. The fungous excrescence, as would seem, originated from the cells of the maxillary bones or rather alveolar border, above and beneath the teeth, which, by its growth, were removed from their sockets and brought to the surface of the gums.—*Balt. Ed.*

ARTICLE VII.

Contributions to Operative and Mechanical Dentistry.

By W. H. ELLIOT, D. D. S.

No. 7.

HINTS TO THE PROFESSION ON THE INVENTION AND CONSTRUCTION OF DENTAL INSTRUMENTS.

ALTHOUGH much may be found in the practice of every enlightened member of the profession, that is universally received as correct and useful, there may also be something discovered which would be considered by many practitioners as unscientific and injurious; this fact alone would be sufficient evidence, if we had no other proof, that our noble science is far from enjoying that state of perfection that its importance seems to demand. But while we witness in our daily practice the uncertain manner in which the dentist proceeds to arrive at some of the most simple ends—the necessity for scores of instruments that have never yet received form, even in the imagination, the conviction comes upon us with still greater force.

There are yet too many operations that may justly be found fault with, either in the method in which the operation is performed, or the principle upon which the instrument acts. It is true, that there are a few instruments that may not appear susceptible of any improvement to the most prolific inventive genius, while there are others that seem as well adapted to one operation as another, being totally unsuited to any. In the midst of the most trivial operation, we are often at a loss for an instrument with which to proceed, and at such times, we are forced to feel that there is some principle entirely wanting, some link in the chain of instruments that has never yet been forged. While so much remains to be done, no apology can be offered for a moment's idleness, but we should rather consider it a privilege to assist in stamping the present age as one of improvement in our own profession, to add a single spark to "the blaze of the nineteenth century." But the responsibility rests not entirely with

inventive minds, they are generally ready to exercise their talents when an opportunity offers, and they may receive much valuable assistance from writers if they will take the trouble to suggest the necessity for any instrument they may think required, and, if while they are praising the virtues of some instruments, they will mention the faults of others, so that they may be corrected, they will confer a greater benefit. If any one doubts the propriety of this, let him make the experiment by calling for an instrument for any operation, mentioning all the advantages he wishes it to possess, and we doubt not if it be not a solecism in itself it will be immediately produced.

We do not expect in the present instance to lay down rules by which every man may become an inventor ; that would indeed be a field too ample for our limited capacities ; such a work, if the proposition were possible, would fill volumes like the one in which this article is published. Our highest aim is to render some slight assistance to those who already possess the power of conceiving new causes, but are entirely without any fixed principles upon which to act. Believing, as our friend Bishop Hopkins once said to us, that "the gift of invention is the gift of heaven, he who possesses it cannot live without exercising it, if he would ; but he who does not possess that faculty, *may* be capable of accomplishing almost any object ; he may fly, but he cannot invent." The inventive mind may be systematized, but it cannot be cultivated, it may be taught to act upon specified principles which will enable it to overcome, to a certain degree, the opposing difficulties, to make use of what is already known in the discovery of things unknown ; but it must ever labor with the same embarrassment in the search of new principles.

Without the ability of fixing the attention upon one subject for a considerable length of time, little advancement can be made in mechanical discoveries ; for in the very commencement we must find out and retain the principle upon which the machine is to act without the use of drawings, or even the assistance of fancied forms ; these would only encumber the mind until the peculiar motions required and the means of producing those motions has been decided upon.

Principles and not things must first engage the attention ; the

recollection of forms, which must be constantly changing, can be of no service. For instance, if we wish to invent an instrument for extracting the teeth, we are first to consider its point of contact upon the tooth, the principle which is to retain it there, the position of the fulcrum, if one be used, the motion which is to disengage the tooth, the means of producing that motion, the effect of the necessary force upon the jaw, &c.; and if these all be satisfactory, we are then prepared to give form and proportion, first to the moving parts, and lastly to the basis, or foundation of the instrument, which is to hold the moving parts in their relative positions. As well might the poet express a sentiment before he has conceived it, or the painter draw the outlines before he has decided what he will portray, as the inventor, to give so much as an imaginary form to the parts of a machine before he has found a suitable principle for it to act upon.

We have observed, in beginners particularly, that the mind constantly reverts to forms, a total inability to consider the motions of a machine without giving to the parts that make those motions a fancied shape, and thus by materializing every thought, the whole power of the mind is concentrated in mere remembrance of figures, with which at first it has nothing to do.

Unencumbered, the mind passes rapidly from one principle to another, until it hits upon one suited to its present necessities. Motions and not matter is what we have to deal with first, and when we have learned to think of a lever, a crank, or a wheel, and follow their several motions perfectly without connecting them with any thing material, we shall have taken the first indispensable and most important step in training the mind to mechanical discoveries. Then, and not till then, can we proceed independently of what is already known in mechanics.

Many inventions have been made by comparison, or in other words, by applying old principles to new purposes, as in case of the reacting steam engine, which was taken up and applied to the propelling of saw-mills, more than two thousand years after it was invented and used by the ancients in performing their religious rites, and is said to have been made in imitation of the reacting water-wheel; but such improvements are seldom the product of an inventive mind, nor are they often of much

utility, since a slight change in the nature of the material wrought, or in the element in which they act, (as was the case with the machine mentioned above,) is liable to defeat the experiment; therefore, time spent in search of a simile by which to fashion another machine for a new purpose is lost; for although a design may operate to perfection when applied to the purposes for which it was invented, it will generally be found full of faults, both in principle and construction, when applied under different circumstances to new ends.

The pile, which is easily driven into the earth by the falling weight, would cripple under the application of a lever power of equal or of a much smaller force, and yet the power of a lever is found indispensably necessary in some instances where the principle of the pile-driver would be entirely out of place. In the invention and construction of dental instruments and other apparatus, there is the same liability to misapplication of principle, an example of which may be found in the hammer and punch for *pressing* fillings, or in the use of the smith's vice for *striking* up plates.

Nothing short of a thorough knowledge of mechanical causes and effects, can enable the inventor to choose correctly when he is searching for new principles.

In the invention of instruments of simple construction, that is, such as need not necessarily consist of more than one piece, after we have decided upon its peculiar motions, and the manner in which it is to effect the parts operated upon, we may then give form to the cutting part or point, mentally, and fix it in the position it will occupy when in use. We may then imagine a handle of suitable size and length, placed in such a position that if it were connected with the point, this might receive from it the necessary force and direction without inconvenience to the operator or risk of accident. We have then only to join the point with the handle in such a way that the connecting part will not interfere with the motions of the instrument.

For instance, if we wish to produce an instrument for removing tartar from the posterior surfaces of the lower *incisors*, our first step is to look about for a principle, which may readily be found in the instruments in use at the present day, viz. an up-

ward motion of a thick, firm edge, used as a scraper. Our second step is to imagine a cutting edge of proper shape and dimensions, placed against that part of the tooth from which the tartar is to be removed, *a*, figure 1, represents the tooth, and *b*, the point in its proper position.

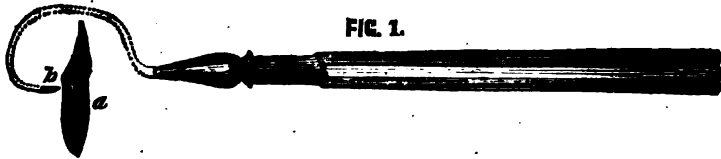


FIG. 1.

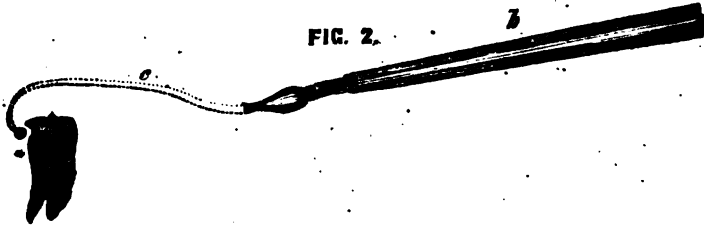


FIG. 2.

Our third step is to imagine a handle occupying that position in which the operator can exert his force with precision. This may be done with the one in the cut, especially if he rests his thumb upon the adjoining teeth. The dotted lines show that part of the instrument which connects the point with the handle. This instrument will apply only to the posterior portion of the incisors, but the same rules will guide us in the invention of scalers for teeth in all positions.

Again, for the sake of trying our new rules, we will apply them to the invention of an instrument for excavating a cavity in the posterior surface of a *dens sapientia*, and for the purpose of trying them more thoroughly, we will choose for a principle that of the round headed or rose drill. We have then, mentally, to place in the cavity the cutting part of a drill, *a*, figure 2. Then place the handle *b* in a convenient position, and lastly, the connecting part, *c*. The only objection that can be offered to this instrument is, that it will not perform an entire revolution, which if it be a fault, cannot be remedied in an instrument of a simple construction, but may be readily overcome by giving to the instrument the complex form.

Complex instruments are those in which it becomes necessary to obtain, by means of some of the mechanical powers, a greater amount of force or variety of motion than can conveniently be given it by the hand ; such are the excising instrument, bow, drill, &c. Instruments of this character generally consist of several moving parts, and a basis whose office it is to hold the moving parts in their relative positions.

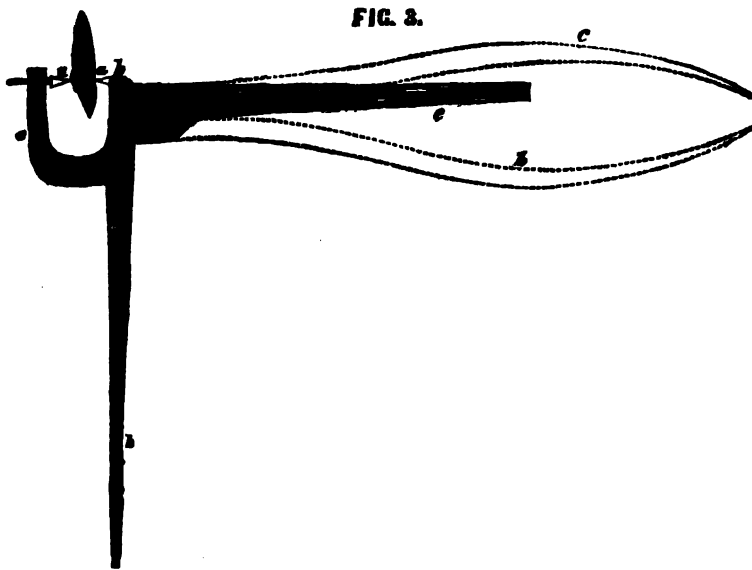
The invention of complex instruments is an undertaking of a more difficult nature, and yet all the instructions that can be given on that subject may be communicated in a very few words. In the first step we have not only to decide upon the manner in which the instruments shall affect the parts, the necessary motions, but also the means of producing those motions.

The second step exhibits the inventive genius in all its force and beauty ; it is comparatively an easy matter to decide what manner the parts shall be effected, the proper motions of the cutting parts or points of the instrument, and also which of the great mechanical powers shall be brought into use for producing the desired end ; but the difficult point to be solved, is, how shall these powers be made to act ? what form shall they take ? To do this we are to make use of them in the simplest form that they can possibly be presented to the mind, and then mould them in the imagination, into such forms as shall make them peculiarly applicable to the purposes for which they are wanted. In doing this we may discover that the power we have chosen cannot be made serviceable upon any principle we can conceive for it to act upon.

For instance, if we wish to produce a great force by a simple lever, if its length be limited, we may find that in making it of a proper proportion, the two joints which are represented by weight and fulcrum cannot be brought near enough together, and at the same time made strong enough to answer the purpose. In such a case, we are to drop the lever and choose some other power. A difficulty of this description is presented in the common excising forceps. If the centre of the joint of this instrument could be brought within two lines of the cutting edges, the operator could use it with much greater precision, and less risk of injury to the parts by the violence of the effort ; this dif-

ficulty, may, however, be overcome by changing the principle upon which the lever acts ; and for example, we will take the excising instrument. In this instance, our only object is to so alter the principle and proportion of the lever, as to produce an instrument of much greater power than the one in general use.

In the first place then, the tooth must be cut off by the approximation of two firm edges, moved by the simplest of all means, a lever. The next step is to fix, in the mind's eye, the cutting points of the instrument in their place against the tooth, and also to place a lever so as to bear against one of the points, *aa*, figure 3, the cutting points, *bb*, the lever in its simplest form. Thirdly, we must add a basis or foundation that will hold one point and the fulcrum of the lever at a fixed distance from each other, and also serve as a handle for the instrument, *cc*, represents the basis.



We now have an instrument which is mechanically correct, though not by any means a convenient one. As it is, it requires both hands of the operator to use it, but by bringing the lever near the handle, it may be used with one hand. The dotted lines show the alteration made for the sake of convenience.

In the whole arrangement of the instrument, regard should be had to the nature of the force required. If it be necessary to make a powerful effort, and at the same time to have the extent of the motion perfectly at the control of the operator, though the opposing force might by accident be removed suddenly, it is necessary to have the instrument so arranged as to bring into action the *flexor et extensor carpi ulnaris*, this is only necessary in extracting teeth with the key. When teeth are extracted in this manner, the shaft of the instrument forms a right angle with the forearm. If the forearm be brought into a line with the shaft of the instrument so as to call into action the *pronator* or *supinator* muscles, the operator has not sufficient control over their motion, so that if the tooth lose its attachment to the jaw suddenly, the force being still continued, it passes out laterally, carrying with it a portion of the alveolus, or leaving one of its fangs behind, where, if the force of the instrument had been discontinued at the proper time, the operation might have been safely completed with the forceps.

In case a rapid succession of motions be required, the flexors and extensors of the wrist may properly be used, since their action may be continued much longer without fatigue than any other muscle about the hand or forearm, in proof of which the bow-drill and file furnish examples.

If a sudden effort be required like that necessary to excise a large tooth, the *pronator* muscle is best suited to the purpose, for in that case no injury can come from continuing the motion too far.

ARTICLE VIII.

On the Education of Dentists.

No one can legally practice as a surgeon who has not gone through a certain curriculum of education, produced certificates, at least of having attended lectures, and passed an examination, such as it is, at the College of Surgeons. Dentism, on the contrary, has no legal restrictions, any one who can afford to pur-

chase a brass plate, and a few second-hand instruments, may write dentist after his name, and victimize the public *ad libitum*—nay, by constantly advertising, may keep up a fresh supply of victims, although he be as ignorant as a horse—his whole qualifications consisting in a little tact, and an unlimited supply of brass; for though dentism frequently involves mistakes and injury, they are seldom accompanied by danger, and most people, but more especially females, prefer bearing any inconvenience arising from incompetence or dishonesty to exposing to their dearest friends how much they are indebted to art for their beauties.

From this and some other causes there is no profession so laden with charlatanism and quackery as that of dental surgery, and if its respectable professors do not adopt some means to stop the constant influx of ignorance and incompetence it will soon be completely overrun, and the preponderance of the bad bring it into perfect contempt.

We know of one man who prepares dental practitioners with more than railroad speed—who has the unblushing effrontery to promise to fit them for the profession in one month—to teach them the whole art and science of dentism, both surgical and mechanical, in 26 days; and this, not requiring their constant attendance, but two hours twice or three times a week. After this very elaborate preparation, which is in some few instances extended to the enormous period of three months, he gives his pupils certificates of competence; surely he must mean incompetence, and ushers them into the world as perfect dentists—certificates of competence, the competence of 48 hours study.

We ask any man of common sense and common honesty what such certificates can be worth, and yet the public consider them as infallible, and employ their possessors without further question or inquiry. Can any man, however talented, even though he be an M.R.C.S. into the bargain, obtain a knowledge of the first principles of the rudiments of the art in so ridiculously inadequate a time, much less obtain the power of performing mechanical operations that require constant attention and great assiduity to acquire at all; and yet this creature offers to teach any one, whatever may have been his previous employment,

whether he has been a carpenter or a milkman, the whole art in one little month, "Ere those shoes were old," &c. and turn them out full-blown dentists after one course of each of his lectures, and this for the sake of a few paltry pounds. Verily we should like to see some of the handicraft of these 48 hour dentists.

Can any profession hope to be respectable that is afflicted with such an incubus, that not only has the power but employs it to the utmost of inflicting such gross injustice on its members, and such unprincipled injury on the public, and yet he is not a solitary instance of grasping infamy, there are others, who, though they pursue their plans less ostentatiously, cause equal mischief.

Are the respectable practitioners so blind that they do not see what is known to half the world—are they content so long as they amass fortunes themselves, to let the public be gulled and victimized as the villainy and the opportunities of these unprincipled men may dictate? Are they so reckless of their own honor that they can wink at such things, and consent to be recognized of the same class with these fellows? Are they content that their art should be considered a nonentity, and *their* pretence to knowledge a cheat upon the public?

They cannot be so absurdly foolish as to suppose there is no remedy for such a state of things. Why, then, are they so culpably inert as not to embrace it? Every accident that occurs, every imposition that is practised may fairly be imputed to them if they wilfully or negligently let things remain as they are.

But it may be asked, how are these practices to be prevented? Certainly not, by trusting to the desperate chance of any improvement in the morals or the practice of these men—a profession commenced in deception will be carried on with dishonesty. Nor by thrusting their hands into their pockets and jingling their fees to a de Frieschutz accompaniment; to do any thing they must be up and stirring. Although they at *present* have no legal powers, nothing but unanimity and determination are wanting to obtain them, and is the art they practice of such slight importance, or are they so disreputable or uninfluential as a body that they either fear or do not think it worth while to make the attempt?

We are not advocates for monopoly, but for fair and wholesome restrictions that will at once protect the interests of the profession and the public, who at present cannot judge of the competence of a dental practitioner until they have employed him, and may attribute the failures of ignorance to imperfections in the art itself, rather than to the incompetence of men whom they believe accredited practitioners.

Few people have either time or inclination to inquire how a man has obtained his education, they see that he is allowed to practice openly, and unacquainted with the peculiarities of the profession, take it for granted that he is competent to do so, though at present they have no security for this competence. The being a member of the College of Surgeons is none, for, strange to say, a man may be at the same time a very excellent surgeon, but an execrable dentist.

It is the duty, therefore, of the practitioners of the dental art, to take such steps as will at once protect themselves and the public, and the straightforward, and indeed only way to do this, is to form a society or association. Once established, and there could be no earthly reason, why the government should refuse to arm it with the necessary powers.

We allow that the effects of a dental association would be prospective, rather than present, and as no acts of parliament are retrospective, that many would necessarily be admitted to its advantages who would have no just claim to enjoy them; but it would, to a certain extent, ensure the respectability of the profession, and the competence of the next generation of practitioners, and by so doing, give a higher tone to the profession. We remember that the effects of the Apothecaries Act of 1815, were felt, (however imperfectly it has since been carried out,) in the increased respectability of the profession, long before it could have produced any actual change in the members. A dental association would act still more quickly, by preventing the wholesale manufacture of practitioners.

An imperative condition of an association of this kind, must be, that (excepting those in practice) no one should be allowed to practice as a dentist, who had not gone through a proper and efficient course of study, and passed such an examination, both

theoretical and practical, as will ensure, as far as such precautions can, his competence to perform his duties.

The curriculum of education should be fixed on a liberal scale—it should not be such as would ensure mere capability, but should embrace anatomy, physiology, pathology and surgery, as far as these sciences are in the most remote degree connected with dental surgery in its most extended sense. The principles of mechanics should be studied, not as applied to the dental art *alone*, but in their broad and fundamental principles, and to this should be added an acquaintance with geometry and mathematics; and while chemistry, as affording a wide field for energy and research, should not be omitted, a knowledge of the French and German languages, would be found of the greatest advantage.

Modelling, and other processes involved in the practice of the mechanical part of the art, and which would form a necessary part of the instruction, would of course come under the department of the private teacher. To superior minds, many other studies, such as comparative anatomy, &c. would necessarily suggest themselves, and which, though not essential to the practice of dental surgery, mark the man of education and science.

This course of education might be carried out by the establishment of normal schools on the one hand, and lectureships and a *dental*, similar to the ophthalmic institution, on the other—a dispensary devoted to the teeth, and *open to all*, where the student might acquire a knowledge and experience in the different diseases and imperfections of the teeth and gums—the imperfections of the palate, and every branch of dental surgery; tracing their symptoms, watching the different modes of treatment, and learning to remedy, mechanically, those imperfections in which curative means are of no avail.

But the nice mechanical arrangements—the mode of fastening and finishing mechanical contrivances, in short *the handicraft* of the profession, can only be acquired by perseverance, attention, and *practice*, at the work-bench of a professor; and consequently a probation, varying as to time, from three to five years, either as an apprentice or a pupil, is essential to the formation of a perfect dentist.

There is no time to spare, every day is adding fresh members to the profession, who can bring nothing but disgrace in their train—the go-ahead system is rapidly increasing, and it may soon be too late to interfere with any chance of a favorable result.—*London Forceps*.

ARTICLE IX.

On Filing the Teeth. By J. ROBINSON, Esq., *Dentist to the Metropolitan Free Hospital.*

THE operation of filing the teeth is one in which the practical dentist is daily called upon to exercise his ingenuity and skill, and one which, if effectively and judiciously performed at the commencement of the disease, will be, in most instances, attended with beneficial results. The teeth that are most generally attacked with caries, and for which the application of the file is more frequently brought into request, are the four central incisors and canines of the upper jaw, although, in many instances, it may be used with success to the bicuspides and molares of both jaws. The permanent central and lateral incisors of the upper jaw, frequently decay at an early period at their sides. This arises either from a too crowded state of the mouth, and the undue influence exercised on the parts by their too rapid advance before the maxillary arch is sufficiently developed to admit the increased size; or from the patient at that period neglecting to perform those daily ablutions so essential and necessary to the health of these organs. In either case it unquestionably forms the exciting cause of caries in those situations, which if allowed to extend beyond a certain point, renders the operation both difficult and dangerous to the tooth itself, owing to the confined space the operator has to use his instruments with that force so requisite to the well packing of the gold to the exclusion of all foreign substances, without the liability of fracturing the enamel; this difficulty must have been experienced by all practical dentists, and more particularly when the disease has

extended to the cutting edge of the tooth, from the impracticability of the tooth of forming a cavity of a proper and sufficient form for retaining the metal. For even should this be effected to the satisfaction of the operator, still the chances are that the tooth will be fractured in an attempt to stop it, or if this misfortune does not occur, the stopping in these situations generally becomes loose a few months afterwards. Hence arises the necessity of filing in the early stages of caries in preference to stopping. In every case which requires the use of the file, the dentist, in my opinion, ought not to be content with merely dividing the teeth, but should extend the operation until the whole disease of the tooth is eradicated and presents a surface as white as the other portion of the tooth which is in a healthy condition. For it should be remembered that a considerable portion of a tooth can be filed away without the slightest injury, if the operation be performed with caution, and the posterior portion removed without any perceptible disfigurement; and, in many cases, the caries can be removed by scraping away with an instrument without having recourse to the file. Young persons are more liable to experience pain in the operation of filing the teeth than adults, owing to the parts being more highly organized and more susceptible of being excited. In any case when the introduction of the file is followed by pain the operation ought to be deferred for a few days, and treated as I shall hereafter mention. Although I am no advocate for the removal of the natural covering of the teeth (enamel) if it can be avoided, still necessity frequently compels the practitioner to have recourse to it for preserving those valuable adjuncts to personal beauty for many years.

The cases in which I have found the file to be attended with success, are those of the four front incisors, the canines, and bicuspidates, and frequently, if the position be favorable, the molares; in these, however, success is not so certain. Owing to their presenting such large surfaces the disease generally extends too deep to be removed by the file; it is, however, judicious to make the attempt, and if not successful, they can be preserved by stopping. The manner in which I proceed to remove incipient caries from between the two centrals or laterals, so as to cause

as little disfigurement to the anterior parts as possible, is this: I first make a clear division to the gum with a moderately rough dividing file; I then remove the caries from the posterior part of the tooth with a bent file, during which operation the teeth are supported by the finger and thumb of the other hand to steady them; after having eradicated the caries, I make use of a file much finer in the texture than the former for the purpose of removing the roughness wherein any foreign substance may lodge. I afterwards make use of a third file still finer in the teeth, and lastly employ the end of a piece of common cane with a little chalk and finely-powdered pumice stone, with which I polish the surface. If during the operation the patient experience much pain, I do not proceed for a few days until the irritation has subsided; in the meantime, the constant application of spirit of camphor and morphiae will materially assist in allaying it. After the operation has been finished, I provide my patients with a similar piece of cane cut thin, which I order to be used night and morning in the same way, for the purpose of keeping up the polish and removing any accumulation that might possibly have collected.

Notwithstanding, however, all these precautionary measures I have alluded to, it does not follow that caries should not again attack a part once weakened by disease, but more generally some other part of the tooth becomes affected, which must be attributed to some general defect in its structure. I have frequently, after dividing a tooth, discovered near its cutting edge a large cavity, which it would be impossible to remove without destroying more than half the tooth and disfiguring the patient; in any attempt to stop it with gold the chances would be either a fracture or an imperfect stopping. I have in these cases substituted gum mastich steeped in warm water, an admirable substitute which has remained in the cavity for months, and can be renewed at pleasure by the patient. In many instances I have examined the teeth three and four years afterwards, and have found the cavities perfectly healthy and not in the least indicating a return of the disease.—*London, Forceps.*

ARTICLE X.

Transactions of "The Virginia Society of Surgeon Dentists," at their Third Annual Meeting, begun and held in the Office of Dr. Samuel Lethbridge, in the City of Richmond, on the second Wednesday in October, 1845.

THE President took the chair, and called the Society to order at 12 o'clock, M.

The Secretary called the roll of members, and read the excuses of absentees. A constitutional quorum being present, the Society proceeded regularly to business.

The Committee appointed at the last annual meeting to procure from the state legislature an act of incorporation, reported that they had been successful, and laid before the Society the following charter of incorporation :

AN ACT

Incorporating the Virginia Society of Surgeon Dentists.

(Passed February 3d, 1845.)

Whereas, Samuel Lethbridge, John G. Wayt, James D. McCabe, and others, citizens of the State of Virginia, have formed themselves into a society, under the title of "The Virginia Society of Surgeon Dentists," whose objects are the promotion of dental science, the establishment of a library and cabinet of anatomical preparations, for the purpose of introducing a sound system of dental education : and it having been represented to the General Assembly, that the members of said society are desirous of obtaining a charter of incorporation, that they may, with lawful protection, carry out their laudable purposes.

Be it therefore enacted, That the members of the aforesaid Society, together with such others as shall hereafter be associated with them, and their successors, are hereby created, a body politic and corporate, by the name and style of the "Virginia Society of Surgeon Dentists," and by that name shall have perpetual succession, and a common seal, and may hold and dispose of lands and tenements, goods and chattels, "not exceeding

twenty-five thousand dollars at any one time," and may sue and be sued, plead and be impleaded.

The said society may also enact such constitution and by-laws, ("not repugnant to the laws of this state, and of the United States,") as they may think proper, for carrying into effect the object of the institution. And may do all other acts, proper for corporate bodies to do.

The legislature reserves the right to modify or repeal this act.

This act shall be in force from the passing thereof.

I certify that the foregoing is a true copy.

GEORGE W. MUNFORD, C. H. D.

February 7, 1845.

On motion of Dr. W. W. H. Thackston,

Resolved, That this Society does hereby accept the charter granted by the legislature, and that we proceed to organize under its sanction and authority.

On motion of Dr. M'Cabe, seconded by Dr. Thackston, the Society proceeded to organize under the charter, by the adoption of the following Constitution and By-laws :

CONSTITUTION.

PREAMBLE.

Whereas, the abuses, and flagrant malpractices perpetrated by individuals engaged in the practice of "Dental Surgery," have long been sources of unmitigated obloquy and contempt—visited alike upon the scientific and upright practitioner of our art, and the "gasconading charlatan;" and conceiving that the abuses in question may be partially, if not wholly corrected; that the imposture which has so long degraded the dental profession in *Virginia*, may, to a considerable extent, be suppressed—the interest of the science promoted, its character elevated, and a free and open interchange of sentiment and opinion, upon the various subjects of interest which appertain to our profession, *be established*; we whose names are hereunto affixed, have organized ourselves into a Society, which shall be known and designated by the name and title of "THE VIRGINIA SOCIETY OF SURGEON DENTISTS."

ARTICLE I.—Of Officers.

Sec. 1. The officers of this Society shall consist of a President and Vice-President, a Recording and Corresponding Secretary, an Executive, Examining and Publishing Committee.

Sec. 2. The election of the above named officers shall be by ballot, at a regular annual meeting of the Society, a majority of votes determining the election.

ARTICLE II.—Of Members.

There shall be two classes of members, known and recognized as Acting Members or Fellows, and Honorary Members; the former consisting of those who subscribe to this constitution, either personally or by proxy, and pay into the treasury the annual dues required by this constitution, and the latter embracing such members as are merely elected to membership.

ARTICLE III.—Requisitions for Membership.

Sec. 1. Each and every acting member of this Society, shall have been such by virtue of his attendance in person, by proxy, or letter, at the time of its formation, or shall afterwards be elected as prescribed by this constitution, and subscribe to the same.

Sec. 2. Each and every acting member shall pay into the treasury of the Society, the annual sum of three dollars, for the benefit of its funds.

Sec. 3. Each and every acting member shall be required to attend the Society at least once in *two* years, unless excused for satisfactory reasons.

ARTICLE IV.—Election of Members.

All members of the Society, excepting those who were acting members, at the time of its organization, and the adoption of this constitution, shall be elected as follows, viz. The candidate for membership shall be proposed at a regular meeting by the Executive Committee, whereupon two tellers shall be appointed by the presiding officer, who shall collect the ballots, consisting of slips of paper, having legibly written on them either *yea* or *nay*. In case two-thirds of the members present vote in the affirmative, the candidate shall be declared to have been duly elected a member of this Society.

ARTICLE V.—*Expulsion of Members.*

Any member of the Society may be expelled for immoral conduct, malpractice, or other sufficient cause, on motion of one member, seconded by another, and sustained by a majority of two-thirds of the members present, at any regular meeting of the Society.

ARTICLE VI.—*Of Meetings of the Society.*

The meetings of the Society shall be held annually, by adjournment from time to time, and from place to place, agreeably to the will of the Society.

ARTICLE VII.—*Of the Resources of the Society.*

Sec. 1. This Society may receive contributions of money, books, or other property, which may be either sold in aid of its purposes, or otherwise used.

Sec. 2. Each and every candidate examined and admitted to membership, shall pay into the treasury a fee of five dollars, before receiving his *Diploma* or *Certificate*.

Sec. 3. Each and every honorary member, who shall become so by election, shall pay ten dollars for the benefit of its funds, which shall entitle him to a diploma or certificate of membership.

ARTICLE VIII.—*Disposition of the Funds.*

The funds of this Society may be appropriated at any time, in that way and manner, and for such purposes as the Society in its wisdom may deem expedient or necessary.

ARTICLE IX.—*Of the Distribution of the Effects of the Society in the event of its Dissolution.*

Sec. 1. In case a dissolution of this Society shall at any time be proposed, a meeting shall be called specially for that purpose, and the consent of three-fourths of its members be required to effect it.

Sec. 2. Should the Society be dissolved by its own act, the property belonging to it shall be sold by order of the President, or by any three fellows, who shall have authority from a majority of subscribing members, and the assets of the sale shall be equally divided among the above mentioned members.

ARTICLE X.—Of the Qualifications of Candidates who had not entered upon Professional Practice.

Sec. 1. The candidate shall be at least twenty-one years of age, shall have a good English education, shall exhibit evidence of unexceptionable *moral character*, and shall have studied and practised for the full term of two years with some practical dentist, known as such to this Society.

Sec. 2. No candidate for membership who can exhibit a diploma from any dental college, regularly chartered in any of the United States, shall be subject to an examination by the Examining Committee of this Society; but shall be entitled to his diploma, by becoming a member and subscribing to the constitution, and complying with the by-laws.

ARTICLE XI.—Of the Quorum, and Contingency of there being no Quorum.

Sec. 1. Five acting members or fellows of this Society, shall, besides the President, be necessary for the transaction of any business at the opening of any annual meeting.

Sec. 2. In the event of a failure to procure a quorum at any regular meeting of the Society, the time of meeting on the following year shall be the time and the place, as on the preceding year.

ARTICLE XII.—Of Alterations, Amendments, &c. of the Constitution.

Any alteration, amendment, or revision of this constitution, may be made at any regular meeting of the Society, by joint assent of three-fourths of the fellows present at such meeting.

BY - L A W S .

ARTICLE I.—Of the Duties of Officers.

Sec. 1. It shall be the duty of the President to preside at all meetings of the Society, when present; to sign the diplomas conferred on members during his term of office; to confer all honorary distinctions awarded by the Society, whether degrees of dental surgery, medals or other testimonials; and to draw upon the treasurer for all moneys appropriated by the Society.

Sec. 2. It shall be the duty of the Vice-President to preside at all meetings of the Society in the absence of the President, and to perform the other prescribed duties of the President, in case of his death, resignation, sickness, or other disability.

Sec. 3. A President *pro tem.* shall be appointed to preside at any meeting, when the President and Vice-President are both absent.

Sec. 4. It shall be the duty of the Recording Secretary, to note in a book kept for the purpose, all the proceedings of the Society, during the term of his office, and to furnish copies of any parts thereof, at the order of the President, or his substitutes; and, also, to deliver the said book and proceedings to his successor in office. He shall also keep the seal of the Society, together with the copper-plate, from which diplomas, certificates, or degrees, are struck; also all the records belonging to the Society, designed to be preserved; and he shall furthermore countersign all diplomas, and set the seal of the Society to all instruments requiring the same; he shall also notify every member of the time and place of meeting of the Society, at least two months before the time of said meeting.

Sec. 5. It shall be the duty of the Corresponding Secretary, to conduct the domestic and foreign correspondence of the Society, in accordance with the advice of the President, or the express will of the Society communicated to him by the Recording Secretary, and at his own discretion, in cases of emergency, provided it does not interfere with any of the prescribed rules of the Society.

Sec. 6. It shall be the duty of the Treasurer to keep all the moneys of the Society committed to his trust; to pay them over to the order of the President, countersigned by the Secretary, and to keep a correct account of the same in a book or books kept for that purpose.

Sec. 7. It shall be the duty of the Librarian to keep the books belonging to the Society's library; to obtain insurance on the same; and to take receipts of all persons who receive books from his hands by order of the Society; and in case of failure of the members receiving such book, to return it in twelve months, he shall forfeit and pay to the Society four times its price.

Sec. 8. It shall be the duty of the Executive, Examining and Publishing Committees, to examine the accounts of the Treasurer, and report the same to the Society at its annual meetings;

to see that all the rules and regulations of the Society are duly enforced and executed ; and it shall also be the duty of such committee, to inquire into the professional reputation and character of all candidates proposed, or who may apply for membership, and report the same to the Society, which, being satisfactory, such candidates shall be balloted for, for admission into the same. It shall also be their duty to appoint a time and place, at least once in each year, for the examination of applicants for the degree of doctor of dental surgery ; to examine such persons strictly and faithfully, in relation to their qualifications to enter upon the practice of the profession ; and their certificate shall entitle the holder to receive the diploma of the Society conferring the degree of doctor of dental surgery. It shall also be their duty to superintend the printing and publishing of all books, tracts and other documents, issued by the Society.

ARTICLE II.—*Of the Emoluments of Office.*

No officer shall receive any emolument unless in cases of special appropriation, excepting the Recording Secretary, whose duty it shall be to attend the meeting of the Society next subsequent to his election ; and who shall be entitled to his traveling expenses and the sum of five dollars per diem during his necessary absence from business, in all cases where he is compelled to leave his place of residence.

ARTICLE III.—*Of the Powers Vested in the Vice-President.*

The Vice-President may, if there be a sufficient number of the members of this Society residing in his immediate vicinity, convene them at any time, and when so convened, they shall have power to elect such officers from among their own number as may be necessary for the transaction of whatever business of a local nature may come before them ; and it shall be obligatory on them to report their proceedings regularly at each annual meeting of the Society.

ARTICLE IV.—*Of the Privileges of Members.*

Sec. 1. Each and every acting member, or fellow of the Society, shall be entitled to debate and vote on all questions agitated at any meeting thereof, agreeably to the by-laws and

standing rules and regulations of the Society; and he shall moreover be eligible to any office in the gift of the Society, and, furthermore, he shall be entitled to a diploma, or degree of doctor of dental surgery.

Sec. 2. Each and every honorary member shall be entitled to a seat at all meetings of the Society; shall have the privilege of debating all questions not involving pecuniary expenditure; and shall receive the diploma, or degree of doctor of dental surgery, by paying therefor to the Treasurer of the Society the sum of ten dollars.

ARTICLE V.—Of the Appointment of Members to Certain Duties.

Sec. 1. It shall be the business of the Society, at each annual meeting, to appoint five of its members to prepare dissertations on some subjects connected with the profession; and also one member to deliver an opening address at the subsequent meeting.

Sec. 2. It shall moreover be the duty of the Society, from time to time, to appoint certain individuals to prepare essays or any other documents ordered by the Society.

ARTICLE VI.—Of Awarding Premiums.

Sec. 1. This Society may award premiums to members, for dissertations on subjects that may at any time be specified by the Society at an annual meeting; also, for important improvements in mechanical dentistry, and the manufacture of incorruptible teeth; and also for any other suitable object.

Sec. 2. The question of preference in all such cases shall be determined by the judgment of a special committee, appointed by the Society.

Sec. 3. Unsuccessful dissertations shall be at the disposal of their respective authors.

ARTICLE VII.

Sec. 1. No member shall speak more than twice to any question, without express permission of the Society, and then only fifteen minutes at each time.

Sec. 2. Any member shall be liable to be called to order for personal recrimination of any other member, or for wandering in his remarks from the subject of debate.

ARTICLE VIII.

These by-laws may be altered or amended at any annual meeting of this Society, by a vote of two-thirds of the members present.

RESOLUTIONS HAVING THE ACTION OF BY-LAWS.

Resolved, That the members of this Society be requested to furnish reports, in writing, at each annual meeting, of all interesting and anomalous cases occurring in their practice during each year.—*Adopted session of 1844.*

Resolved, That hereafter, candidates for examination before the committee of this Society, shall be required to present a written *thesis* on some subject selected by themselves, unless excused for good reasons, by the committee.—*Adopted session of 1844.*

Resolved, That such members as fail to pay their annual dues for three years successively, thereby forfeit their membership; and the Secretary is hereby instructed to report them to the Society on the occurrence of such delinquency.—*Adopted session of 1845.*

Resolved, By the Virginia Society of Surgeon Dentists, that we believe the use of all *pastes* and *cements*, of which mercury is a part, entirely unfit for, and highly objectionable as fillings for carious teeth—that the use of them in dental practice is empirical, and is hereby declared to be MALPRACTICE.—*Adopted session of 1845.*

On motion, *Ordered*, That the officers elected at the last annual meeting be authorized to discharge their various duties until a new election is had.

There being a vacancy in the Executive, Examining and Publishing Committee, occasioned by the absence of Drs. Murrell and Pierce, the President appointed Drs. S. M. Sheppard and W. C. Crump to fill the vacancy.

The Executive, Examining and Publishing Committee reported the amount expended by the Secretary for printing to be \$13 75, which was by them approved.

On motion, *Ordered*, That the report be received and that the amount of expenditure be paid by the Treasurer.

The period for the reception of essays having arrived, they were called for, and the call responded to by the several gentlemen previously appointed.

Dr. W. C. Crump described a case of full dentition at birth, seen by him while on a recent visit to North Carolina. The subject was a still-born black child. The dental arches exhibited the full deciduous denture; they were of a cartilaginous structure, with appearance of imperfect ossification on the anterior surfaces.

Dr. Lethbridge gave an interesting description of an anomalous dentition. The subject a child, resident in Orange county, Virginia.

Dr. W. W. H. Thackston gave a highly interesting history of a singular case of decomposition of the earthy portion of the crown of an inferior dens sapientiæ. The tooth had caused severe pain; he was called upon to extract it; he found the crown about three-fourths covered by the gum. On attempting its removal, the whole crown and neck came way, leaving the fangs. The crown presented the following appearances: There was no cavity—the color dark brown; the consistence similar in all respects to an *osteo sarcoma*; that is, cartilaginous, and interspersed with patches of bone; the fangs were perfectly formed, and healthy. The doctor promised a more full report in a few days.

Several gentlemen gave interesting descriptions of various forms of dental disease, and mode of treatment adopted.

Drs. M'Connell, Hamlin, Sheppard and M'Cabe participated in the discussions and exemplifications.

On motion, the Society took a recess until 7 o'clock, P. M.

EVENING SESSION.

The Society assembled pursuant to adjournment at 7 o'clock, P. M. The President in the chair.

Dr. W. W. H. Thackston nominated Mr. Abner D. Lewis for membership, and recommended him as a young gentleman of studious habits and high moral character; he was eligible by the constitution, and asked to be examined. His application was referred to the Examining Committee.

The Treasurer presented his report, which being audited by the regular committee, was approved and ordered to be filed with the papers of the Society.

The Examining Committee reported the name of Mr. Abner D. Lewis, who had presented a specimen of his artificial work, and had been rigidly examined on the theory and practice of dental surgery, and having found him qualified to give advice and practice that profession, they recommended him to membership and to the honors of the Society. The ballot having been taken and found unanimous in his favor, the President declared him a member of the Society and entitled to its diploma; which was accordingly granted to him.

On motion of Dr. M'Connell;

Resolved, That such members of this Society as fail to pay their annual dues for three years successively, thereby forfeit their membership; and the Secretary is hereby instructed to report them to the Society upon the occurrence of such delinquency.

On motion, the Society proceeded to the election of officers for the ensuing twelve months, whereupon the following gentlemen were declared duly elected:

S. LETHBRIDGE, D. D. S.,	PRESIDENT,
JOHN G. WAYT, D. D. S.,	<i>Vice-President.</i>
JAMES D. M'CABE, D. D. S.,	<i>Cor. & Rec. Sec'y.</i>
S. M. SHEPPARD, D. D. S.,	<i>Treasurer.</i>
W. W. H. THACKSTON, D. D. S.	} <i>Executive, Examining and Publishing Committee.</i>
JOHN M'CONNELL, D. D. S.	
T. B. HAMLIN, D. D. S.	
J. W. SHEPPARD, D. D. S.	
W. C. CRUMP, D. D. S.	

Dr. W. W. H. Thackston was appointed to deliver the address at the next annual meeting, in October, 1846.

The following gentlemen were appointed to prepare Essays to be read before the Society at the annual meeting in 1846:—
Drs. Abner D. Lewis, S. M. Sheppard, William C. Crump, T. B. Hamlin and J. D. M'Cabe.

On motion, *Ordered*, That when this Society adjourn it will adjourn to meet in the town of Petersburg on the second Wednesday in October, 1846.

On motion of Dr. James D. M'Cabe, seconded by Dr. W. W. H. Thackston,

Resolved, By the Virginia Society of Surgeon Dentists, that we believe the use of all PASTES and CEMENTS, of which MERCURY is a part, entirely unfit for, and highly objectionable, as fillings for carious teeth—that the use of them in dental practice is empirical AND IS HEREBY DECLARED TO BE MALPRACTICE.

Resolved, That while we reprobate the use of all such mercurial preparations, and will *execute our laws* with fidelity and promptness, we claim no authority over the *opinions* of our members, nor will we ever require of them other pledges than those which exist among *honorable men*, united for the purpose of improving and elevating a noble science.

Some debate arose upon the passage of these resolutions, whether the Society had power to expel its *members* for their opinions, or to convert its *executive officers* into father confessors to receive the confession of delinquents and grant absolution for offences. It was conceded by all that participated, that the Society was not a court of conscience; that they had no right to demand any expression of opinions, or to require any pledge from them in relation to the use of mercurial *pastes* and *cements*; that the constitution prescribed the offence committed in their use, the Society having declared it *malpractice*, that the only course to pursue was to arraign an accused member, and upon conviction, execute the law. To expel for refusing to express an opinion, or to give a pledge, was making the refusal, *malpractice*, under the law, which was nonsensical and absurd. It was also contended, that to require action, under a threat, was a course of procedure to which no honorable man would submit. There were differences of opinion elicited during the debate, but the resolutions passed with but one dissenting voice—and as far as the use of the named materials were concerned, UNANIMOUSLY. It was ascertained that no member of this Society has used these preparations in his practice, unless in a few instances, as experiments, and that all condemn them as a substitute for gold. Drs. Sheppard, Thackston, M'Cabe, Hamlin and Wayt participated in the discussion.

On motion, *Ordered*, That the Secretary furnish a copy of the

transactions of this meeting to the editors of "The American Journal of Dental Science," for publication.

On motion, *Ordered*, That the Secretary have published in pamphlet form, the transactions of the Society at this annual meeting, together with the charter, constitution and by-laws, and a full and accurate list of members, and that he transmit copies to each member of the Society and to such other persons as will tend to give them the greatest publicity.

On motion, *Ordered*, That the Secretary address a circular to each delinquent member of this Society calling upon each to pay up his arrears, or to appear at the next annual meeting to show cause why he should not be expelled for delinquency, and that the resolution fixing the period of future delinquencies be embraced in said circular.

On motion, *Resolved*, That the thanks of the Society be, and are hereby tendered to our President for his faithful, able and impartial discharge of his duties during the past and present meetings of the Society.

On motion, *Ordered*, That the thanks of this Society be, and are hereby tendered to the Secretary and Treasurer for their able, faithful and prompt discharge of their several official duties during the past year.

On motion of Dr. S. M. Sheppard, the Society adjourned to meet in the town of Petersburg on the second Wednesday in October, 1846.

S. LETHBRIDGE, D. D. S., PRESIDENT.

A true copy.

JAMES D. McCABE, D. D. S., Secretary.

APPENDIX.

The Virginia Society of Surgeon Dentists having heard that various individuals were in their professional cards publishing themselves as members of *this Society*, and thereby obtaining credit with the public, are induced to publish a full list of all its members. The gentlemen named below are the only persons by them authorized to practice Dental Surgery in Virginia:

SAMUEL LETHBRIDGE, D. D. S., *President*; Richmond, Va.
 JOHN G. WAYT, D. D. S.*† *Vice-President*; Richmond, Va.
 J. D. M'CABE, D. D. S.*† *Sec'y*; Richmond. Retired.
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 JOHN C. BURCH. Now in the South.
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C. A. HARRIS, A. M., M. D., D. D. S. Professor of Dental Physiology and Practical Dentistry, Baltimore College of Surgeon Dentists, Baltimore, Maryland.
 WILLIAM TATUM, M. D., Norfolk, Virginia.

While there may be many eminent practitioners in our State, not named above, these are all who have been accredited by the Virginia Society of Surgeon Dentists and who have received its Diploma. The action of the Society is directed to combine the talent and professional intelligence of the State in efforts to improve and elevate dental science, and they confidently expect that the honorable of the profession will unite with them to protect the public from the depredations and malpractice of the charlatan and empiric. If, however, the public will countenance unqualified and unauthor-

* Those marked thus have received the degree of Doctor of Dental Surgery in the Baltimore College of Dental Surgeons.

† Those marked thus are Fellows of the American Society of Dental Surgeons.

ized pretenders, to their own wrong, without demanding the *prima facie* evidence of a certificate or diploma from some reputable Society or College that they respect their profession and are qualified to practice it understandingly, then we must despair of accomplishing much which we now hope to perform. We, therefore, call upon the public to demand from all who offer their services in the treatment of dental diseases, a Diploma or Certificate, not from clergymen, doctors of medicine, or lawyers, but from the DENTAL COLLEGE, or from some one respectable Society of Surgeon Dentists. If the individual is competent, he can easily obtain this testimonial, if he is not, he does not deserve your patronage.

Signed by order of the Society.

JAMES D. M'CABE, D. D. S., *Secretary*.

BALTIMORE COLLEGE OF DENTAL SURGERY.

CLINICAL INSTRUCTION.

THE faculty of this institution have made arrangements by which practical instruction may be given upon the living subject, and the students may have opportunities of performing dental operations under the eye of the Professor of practical dentistry. These *cliniques*, so invaluable to the pupil—will be continued during the winter, and probably during the summer, should students residing in the city desire it. Permit me to report a sketch of the first lecture of this kind for the American Journal of Dental Science. I may from time to time report others.

Friday, Nov. 7th, 1845.—An interesting case was presented. Professor Harris remarked that the teeth of this man afforded a striking illustration of the ravages of *caries*—the crowns of the right central and lateral incisors of the upper jaw were wholly destroyed—roots remained but partially covered by the gums, which were inflamed and spongy. The left central incisor of the same jaw was hopelessly diseased: the crown of the left lateral incisor destroyed—the root covered by diseased gum. The right superior cuspidatus affected on its anterior lateral surface but not beyond preservation. The crown of the first bicuspid of the same side was destroyed, so also that of the first molar—the roots covered by inflamed and somewhat ulcerated gum. The crown of the second bicuspid had been attacked by caries but the disease had not penetrated so far as to prevent remedy. The second molar also showed disease on its anterior and grinding surfaces, but was not beyond the reach of art. The dens sapientiæ was also diseased, but not hopelessly.

On the left side of the upper jaw, the crowns of first and second bicuspides and first molar, were destroyed; their roots invested by ulcerated gum, exhaling a fetid odor. The second molar and dens sapientiæ in a similar condition to those on the other side.

In the lower jaw the incisors, cuspidati and bicuspides were remaining, but some were slightly injured by caries. Their inner surfaces coated with

tartar (salivary calculus) The gums were inflamed, their margins thickened and slightly crowded from the necks of the teeth. The central incisors were partially loosened from inflammation and thickening of the alveolo periosteal tissues. The crowns of the first and second molars on each side had been destroyed. The dens sapientiæ had been attacked, but might be saved.

The fluids of the mouth were unhealthy and unfit for physiological purposes. The lining membrane of the mouth was slightly inflamed.

The teeth of this subject were constitutionally liable to caries—being exceedingly susceptible to the action of corrosive agents. The teeth were originally large, chalky white near their edges and grinding surfaces, and tinged with yellow near the gums. The bony substance soft, and enamel imperfect.

The Professor observed that he would have farther opportunity to discourse at length upon the cause, nature, &c. of the disease whose ravages were so strikingly manifested in this case.

The curative indications of the complication of disease here presented, were, first, the removal of the roots of all the teeth whose crowns had been destroyed and such teeth as were hopelessly diseased; 2d, to remove the tartar from remaining teeth; 3d, the removal of carious portions of such of those as were affected by this disease, and substitution of the loss by some incorruptible metallic substance; 4th, the replacement of the lost organs in the upper jaw with artificial substitutes. The manner of doing this will hereafter be described, and the class have frequent opportunity of performing the several operations.

The Professor then observed, that he would not detain the class longer for the present, but would give way to Professor Bond, who wished to make some remarks.

Professor Bond then addressed the class for some time, upon the indirect and constitutional effects of diseased teeth—after which the class was dismissed.

R. W. C.

Bibliographical Notices.

Manual of Diseases of the Skin, from the French of M. M. CAZENAVE, and SCHEDEL; with notes and additions by THOS. H. BURGESS, M. D. Revised and corrected, with additional notes, by H. D. BULKEY, M. D. Lecturer on Diseases of the Skin, &c. NEW YORK: J. & H. G. LANGLEY, 1846, pp. 341.

The work of which this is the third edition, is too well known to need commendation. The present volume is improved and rendered more desirable to the student and physician. Its size and cost make it suitable for a text book and manual upon this difficult and important part of medicine.

A Manual of Auscultation and Percussion. By M. BARTH, Agregé to the Faculty of Medicine of Paris, &c. &c.; and M. HENRY ROGER, Physician to the Bureau Central of the Parisian Hospitals, &c. &c. Translated with additions by FRANCIS G. SMITH, M. D., Lecturer on Physiology, in the Philadelphia Medical Association, &c., PHILADELPHIA: LINDSAY & BLAKISTON, 1845. 12mo. pp. 160.

WE are glad to see this little book, and so will be many a student, and perhaps many a physician, who has tried in vain to obtain correct views of Auscultation and Percussion from the verbose and contradictory narrations and descriptions scattered through the writings of pathologists, who seem to vie with each other, in making the subject as intricate and unintelligible as possible.

Unfortunately, the method of examination in question, affords from its very nature, extraordinary opportunities for deception, both undesigned, as affecting the mind of the explorer, and intentional as conveying false intelligence to others, or creating undue estimates of the physician's sagacity and wisdom. Many honest men have been so disgusted with the humbuggery which has been practiced by the artful, under the name of auscultation, that they have repudiated the practice altogether, as a mere trick, to get reputation without deserving it, and many more have found the printed lessons on the subject so unintelligible, as to cause them to abandon in despair all further attempts to understand the mode of physical exploration. Indeed it is hard to convey ideas of sounds, by words. Who would have an idea of the noise of thunder, by merely hearing the word pronounced, much less could any one convey to a pupil proper information of the different sounds of a piano, without exhibition of the instrument itself. How long would it take a pupil to learn to tune a guitar without seeing one, or touching its strings? Yet to do these things would be easy, compared with the difficulty of conveying to the medical student, accurate ideas of the obscure sounds of the chest, by terms descriptive of them.

Auscultation and percussion, have been taught to death. Every lecturer and writer, seems to have thought it necessary to describe new sounds or give new names to old ones, until the pectoral gamut is too rich for any practical use.

We believe that much information may be obtained from auscultation and percussion. There are certain leading sounds characteristic of important diseased conditions with which the student may easily acquaint himself. For nicer discrimination of more obscure pathological states, he must depend upon his own experience and observation.

We commend this little Manual to the student and to the physician. It comes from a proper source, and is well translated.

A Popular Treatise on the Teeth; embracing a description of their structure, the diseases to which they are subject, and their treatment, both for the prevention and cure of those diseases; together with an account of the useful methods of inserting Artificial Teeth. By ROBERT ARTHUR, Doctor of Dental Surgery, and Fellow of the American Society of Dental Surgeons. NEW YORK: E. FERRETT & Co. pp. 187, 1845.

We have always been an advocate for the diffusion of correct information on the means for the prevention and cure of the diseases of the dental apparatus. With this knowledge, every individual should be familiar, not that every one would thereby be enabled to apply the remedies for the cure of these diseases, but that they might often prevent their occurrence, and when they do occur, that in seeking professional aid, they might be enabled to discriminate between the skilful practitioner and the empiric. Entertaining these views, it gives us pleasure to announce the publication of the above named work, which we regard, so far as we have had an opportunity of examining it, as one of the best popular treatises, upon the subject extant.

It is evident from the manner in which Dr. Arthur treats the subjects embraced in this little volume, that he is familiar with them. His views also appear to be correct, which in a popular treatise, is of vast importance, for the reason, that the general reader would not be so likely to detect false doctrines, as the professional dentist. It contains much excellent advice, and many valuable directions with regard to the means for the preservation of the teeth, and the health of the mouth, while it at the same time enters sufficiently into scientific and practical detail for all the purposes for which it is designed. The work is neatly gotten up, and as a literary production, is highly creditable to the author.

An Elementary Treatise on Midwifery, or Principles of Toxicology and Embryology, by ALF. A. L. M. VELPEAU, M. D., translated from the French by CHARLES D. MEIGS, M. D. &c. &c. Third American Edition, with notes and additions, by WILLIAM HARRIS, M. D. &c. PHILADELPHIA: LINDSAY & BLAKISTON, 1845, octavo, pp. 600.

To commend Velpeau's Midwifery, were indeed to gild refined gold. The reputation of the author is fully established, and his work on Midwifery is admitted to be inferior to no elementary treatise or text book ever offered to the public. The notes of Dr. Meigs and Dr. Harris add to the completeness of the work. The essay on puerperal fever by Dr. Harris, is particularly worthy of notice. The subject itself, is full of interest, and the plain account of the disease, with the practical observations condensed in this short essay, add no little to the superior value of this edition to those which have preceded it.

M. Velpeau is not only a teacher of voice and pen ; his example should stimulate every student and physician to exert his abilities to the utmost for the acquisition and diffusion of knowledge. He was an obscure man, with no friend but his own indomitable energy, no capital but his natural talents, yet he has, as Dr. Harris expresses it, "worked himself to enviable professional eminence." He early adopted the line of conduct indicated by his noble sentiment, "the sciences compose a republic in which every man is at liberty to make researches, to examine and think for himself, as well as to say what he thinks." Truth is the avowed object of all who cultivate them ; it may be reached by a hundred different routes ; and I never could understand how any reasonable man could be offended because his ideas fail to be received as laws for other men.

M. Velpeau has the independence to think for himself, which in this age of servile obsequiousness, is strange. He has also, the ability to think for himself, which is stranger ; and he has the industry to prosecute his own investigations and write out his own opinions, which is the strangest of all. In six years he made dissections of one hundred and forty fetuses within the third month of gestation only. This one item of anatomical labor, will give some idea of the amount of work which M. Velpeau sustains and which sustains M. Velpeau. He is fifty years of age and has written for the press more than 25,000 pages. He has published 72 medical works, besides 140 other articles and memoirs, which are ascribed to him. Nevertheless, this extraordinary man finds time to lecture and to practice.

Honor to M. Velpeau : let the student who enters into his labors imitate his example.

Miscellaneous Notices.

Third Annual Meeting of the Virginia Society of Surgeon Dentists.—We have received, in pamphlet form, a printed copy of the proceedings of the third annual meeting of the Virginia Society of Dental Surgeons, which, agreeably to request, we copy into the Journal. From these proceedings it will be seen that this society was instituted December 12th, 1842, and chartered by the legislature of Virginia, February 3d, 1845.

As we publish the proceedings entire, we do not think it necessary to say much, by way of comment, concerning them. There is one resolution, however, connected with them, which we ought not to pass by in silence, as it was evidently intended as a reflection upon that part of the proceedings of the last meeting of the American Society of Dental Surgeons, concerning the requirements of its members in relation to the use of mineral paste, in filling teeth. Now, how the American Society will be able to survive the shock of so tremendous a rebuke, we confess, we are unable to imagine,

nor shall we pretend to say how far the Virginia Society transcended the limits of its own legitimate sphere of action in thus indirectly preferring so grave a charge against it. We are of the opinion, however, that the resolution was wholly uncalled for, and gratuitous on the part of our Virginia brethren. If they disapproved of the action of the American Society, they should have been satisfied with the passage of the resolution declaring the use of amalgam, for filling carious teeth, malpractice. In requiring of its members a mutual pledge to abstain from the use of this article, we contend that the American Society, under the circumstances of the case, exacted nothing more than it had a right to do. Nor should we suppose that any one, for a single moment, would object to give such pledge.

Scattered, as the members of this Association are, over a large portion of the globe, some residing in South America, and others in Europe, there was no other way of reaching them, and ascertaining their opinions and practice in relation to the use of this article. The evil had become a crying one; it was rapidly spreading, and the Society, from every quarter, was loudly called upon to take some decisive action upon the subject. At three successive meetings had it passed resolutions declaring its use for dental purposes, malpractice, but notwithstanding this, many of its members continued to use it. It was therefore imperative on the part of the Society to adopt some strong measures to repel the imputation which was thus crippling its energies and weakening its power to do good. The arraignment and expulsion of one, nor a dozen of its members, would have corrected the evil, so long as others, but against whom positive proof of the fact was wanting, were charged with using the article. To prevent such charges, and at once to free itself from all who persisted in this empirical practice, it adopted the resolutions which have proven so obnoxious to our brethren of the Virginia Society. Had they been present on the occasion, and felt the force of the circumstance, and they would have felt them had they been there, under which the Society acted, we doubt not that every one of them, if they had had the right to have done so, would have voted for the resolutions in question.

Therefore, after having declared the article unfit for dental purposes, and the use of it malpractice, if they did not think it necessary to proceed as far as the American Society, in relation to the matter, they should have paused and made themselves acquainted with all the facts and circumstances of the case, before having passed so censorious a resolution against an act of a kindred and elder association, an act which cannot be otherwise than productive of great good, both to the dental profession and community at large.

With regard to the power of the Society to expel a member for non-compliance with these resolutions, the point is so fully discussed and clearly established, by our associate, Dr. Westcott, in the following editorial, which we received after having penned the foregoing remarks, that we do not think it necessary to enter into further argument upon the subject.—*Balt. Ed.*

*Resolutions of the AMERICAN SOCIETY OF DENTAL SURGEONS
in relation to the use of Amalgams for Filling Teeth.*

By resolutions passed by the American Society of Dental Surgeons, at its Annual Meeting, held in the city of New York, August, 1845, it was made our duty, as Recording Secretary, to forward to every member of said Society, a certificate, demanding his views upon the use of Amalgams for filling teeth. These resolutions made it binding on the faith of every member receiving such certificate, to sign, and send the same to us, within a certain specified time. This duty we have faithfully performed, and have received from a majority of the members these certificates, duly signed, in accordance with said resolutions of the Society. But, from several members, these letters have met a different response, in far fewer cases than was expected by the Society, when the measure was adopted. How many have silently refused to comply with the request of the Society, by simply non-compliance, we cannot say, there being good reason for believing that many have never received the circular, and the failure, hence, to comply with the resolutions, being no fault of their own. In consideration of this fact, we take this occasion to request all who have not received a copy of the circular, or who were absent till the expiration of the sixty days given by the Society, to write us immediately, giving us a statement of the fact. Although the resolutions are such as to make no exception, yet, the Society may, by future action, reinstate such as are willing to comply, and actually do so, before the next annual meeting, without the formality of them again joining, as prescribed by the constitution and by-laws, as new members. This suggestion applies, of course, only to those who were prevented, during the limited time, from compliance with the resolutions, by circumstances which they could not control. But, as we have already intimated, there are some who have *refused* to sign the certificate, for reasons which are deserving of notice. This is the more demanded, since the chief objections alluded to are sustained and renewed by the "Virginia Society of Surgeon Dentists," in resolutions passed at their last annual meeting. As these objections are not based upon the merits or demerits of the *article* in question, the objections, with only one exception, *professing* to condemn all amalgams, for dental purposes, their discussion becomes one rather belonging to the department of jurisprudence than to dentistry—and we need not say that this is a field of discussion we have never cultivated, and one which we shall not now pretend to enter, only in the way of noticing some plain principles, concerning which, "the wayfaring man need not err." As the *use* of amalgams for dental purposes, is pronounced to be malpractice, not only by those, with one exception, who have refused to sign the pledge, and by the Virginia Society, but by almost every dentist having any claim to respectability throughout the land, but a single question is left for discussion, viz. Had the American Society

a right to adopt her own measures to free herself of those members whose *opinions and practice* is averse to her known rules and regulations.

After the most careful examination we have been enabled to give this question, we are prepared to take the position, that the American Society not only *had a most undoubted right* to pass these resolutions, but that it was the only policy which could be adopted, with the hope to bring about the result aimed at. But before proceeding to offer any considerations in support of this position, we shall give, more at length, the views of some of those who entertain an opposite opinion, by quoting from their letters, in answer to the offensive circular of the Society.

The following is from a Western brother :

"To A. WESTCOTT,

Recording Secretary of the American Society of Dental Surgeons.

MY DEAR SIR : The printed resolutions and blank protest, of the American Society of Dental Surgeons, was received, in due time. In reply, I have only to say, that my professional attainments and character, occupy higher ground than to be compelled to forfeit my self-respect, by submitting to the requirements of resolutions, whose *tone is threatening*. The society has transcended its powers, has violated the compact which ushered it into existence, by enacting resolutions, which are arbitrary, unjust, and unconstitutional, and I believe unless they are abandoned, *the fate of the society is sealed*. I do not use any amalgam, or cement, whatever, and have, invariably, when consulted by my professional brethren in the west, recommended the following substitutes, viz. gold, and platina. Gold, however, has advantages over all other substances Tin and lead are admissible. Tin possesses advantages over lead. The demand for lead is less frequent. In my own practice gold has always been preferred, and *extensively* used. Platina, tin, and lead, have also been used, but only to a limited extent, particularly the latter. When the society recommended to the profession, to abandon the use of amalgams, and cements, for the purpose of filling teeth, it did not travel out of the bounds of its duty—this recommendation was right, and proper, and every honorable, and high-minded practitioner of dental surgery, whether a member of the society or not, I venture to aver, was to be found on the side of the society, and opposed to the *indiscriminate* use of amalgams, cements, &c. &c., but when the society declare the use of these objectionable materials, to be *empiricism*, it goes one step too far. I saw that declaration with much regret, and when I read the resolutions, and protest of the last annual meeting, I confess, it was with feelings of pain and mortification. In conclusion, I will say, that my membership of the society does not, I humbly trust, rest upon such a doubtful foundation, as to subject me to the liability of expulsion, unless I sign a certificate, and make a pledge. When a member is supposed to have violated the constitution, or by-laws of the society, *he should be arraigned* under their provisions, and if found guilty, expelled. I will now rest the matter for the present, and await the issue."

I shall not stop here to comment upon the above letter, other than to observe, that all of these loud complaints are made by one, who takes some pains to declare, in the very same breath, that *he* never uses mineral paste, nor does he countenance its use; thus tacitly complying with every requisition of the society, against whose action upon this matter, he so loudly declaims.

The following is from a correspondent in reply to the circular, who considers the *article* in question, not quite so bad, as has been represented, or that it *may* be judiciously used. It will be perceived, however, that the *tone* of his objection, to the *circular*, is precisely the same as in the one just given. I shall only quote so much of this letter, (it being long,) as will exhibit his precise objection to the measure. He says, "the society have certainly transcended their powers, and have taken an injudicious course, to put down the practice, and I think the article of amalgam, would not have obtained half so much, had there not "so much fuss" been made about it. I defy any one to find a precedent for this course. Was it ever heard, that a medical society expelled one of their respectable members, for administering a remedy in *certain cases*, which *he found* to be beneficial? * * * * Can a member say, if *he* has found it more beneficial than any thing, in *certain cases*, that it is malpractice in those cases? Will you make a man swear to a lie? Will you stretch him on the bed of Procrustes,* break him on the wheel, impale, or crucify him, because he cannot be made to chime in, exactly with a portion of a society? * * * * I humbly trust, I know the powers reposing in our society, and the rights of its individual members, and I boldly assert, that our society have *no right* to coerce any member, in his professional practice. He is answerable to his God, and his patients—they will judge him—by his practice, he will rise, or fall." This correspondent closes his argument by saying, "At any rate I shall object to being turned out."

A sentiment similar to that expressed in the letters above quoted, is expressed by resolutions passed by the Virginia Society of Surgeon Dentists, at their third annual meeting, in October last; and particularly is this sentiment prominent, in the record of the transactions, accompanying these resolutions, in relation to which, it is observed, that there was "but one dissenting voice." The resolutions are as follows, viz. "*Resolved*, by the Virginia Society of Surgeon Dentists, that we believe the use of all **PASTES** and **ONMENTS**, of which **MERCURY** is a part, entirely unfit for, and highly objectionable, as fillings for carious teeth, that the use of them, in dental practice is empirical, AND IS HEREBY DECLARED TO BE MALPRACTICE.

"*Resolved*, That while we reprobate the use of all such mercurial preparations, and will execute our laws with fidelity and promptness, we claim no authority over the *opinions* of our members, nor will we ever require of

* Procrustes.

them, other pledges, than those which *exist* among honorable men, united for the purpose of improving and elevating a noble science."

The following record immediately follows the resolutions: "Some debate arose upon the passage of these resolutions, whether the Society had *power* to expel its members for their *opinions*, or to convert its executive officers into father confessors, to receive the confessions of delinquents, and grant absolution for offences. It was conceded by all that participated, that the society was not a court of *conscience*, and that *they had no right* to demand any expression of *opinions*, or to require any pledge from them in relation to the use of mercurial pastes and cements. * * * To expel for refusing to express an *opinion*; or to give a pledge, was making the *refusal* malpractice, which was *nonsensical and absurd*." It was also contended, that to require action under a *THREAT*, was a course of procedure, to which no honorable man would submit.

It is unnecessary to multiply quotations, to get a clear exhibition of the objections, or rather the objection, of those above alluded to; it may be briefly stated as follows:

The American Society of Dental Surgeons had no right to adopt the measure in question.

Now, in respect to this question of right, we have yet to learn, that a voluntary association, untrammelled even by a *charter*, as is the American Society of Dental Surgeons, has not the right to pass *any* measure they please to the extent of expulsion of their own members. There cannot be the least shadow of doubt, that, so far as the right is concerned, they would have a most undoubted right to pass an ordinance declaring it malpractice to fill teeth with gold, or that the use of concentrated sulphuric acid as a *wash* for the teeth, was good practice; although either of these positions would evidently be most unreasonable. But we contend that their unreasonableness would not necessarily curtail the right, nor, on the other hand, the right make the request reasonable. They would not only have a right to pass such an ordinance, but they would have an equal right to expel a member, for non-compliance therewith. But this, it may be remarked, would be the extent of their power. They would have *no right* to declare the offence of transgression punishable with death, nor, indeed, to demand any expiation whatever, except a forfeiture of membership. Now, if our objectors mean, by saying that the American Society *had no right* to pass the offensive resolutions referred to, that these resolutions are unreasonable or unjust, this constitutes an entirely new issue—a ground which we might concede without in the least altering our position in respect to the right of the Society. So clear, in our mind, is it, that *any voluntary association*, accountable to no authority save the laws of the land and sound morality, have a most perfect right to adopt their own rules of government, prescribe their own conditions for membership, and to expel for non-compliance, that we consider any attempt to sustain the position but a waste of words. But, as the American

Society has been charged with *usurpation* and *injustice*, not only by individuals, but by an organized and *chartered* association, whose constitution and by-laws are but a *transcript* of those adopted by the American Society, having, hence, the same professed objects, and governed by the same laws, we may well inquire into the *reasonableness* and *justice* of the resolutions originating this grave charge. As the resolutions and the accompanying record of the Virginia Society of Surgeon Dentists embody the precise objections made by the individuals whose letters are above quoted, we shall confine our remarks mainly to the transactions of this Society, or the record made of them. In pursuing this investigation, we may remark, that it seems to us that this honorable body have aimed their whole musketry at a *mistaken* object, or have set up an imaginary one, and are claiming credit for demolishing it. The very extraordinary assertion is made in one of their resolutions upon this subject, that *they* "*claim no authority over the opinions of their members.*" Do they not require, nay, *compel* their members to *sign* their constitution, and to *adopt* their by-laws? And do not both their constitution and by-laws contain *opinions* and sentiments which are thus *forced* upon their members? Nothing is more clear. But they do not stop here. We find, on page 10, of their pamphlet, entitled "Transactions of the Virginia Society of Surgeon Dentists," under the head of *RESOLUTIONS HAVING THE ACTION OF BY-LAWS*, a resolution, declaring the *use* of all amalgams for dental purposes, as empirical and as malpractice!

Now, if this resolution is brought on a par with the by-laws of the Society, we ask if *their* members are not compelled to adopt *their* sentiment in connection with the by-laws, and to pledge themselves to sustain it. We say then, even on the supposition that the circular was intended to force an *opinion*, or to require a pledge, in respect to an *opinion*, and that non-compliance with this request was to be punished by expulsion, the American Society would have done no more or less than is in fact done by the Virginia Society, who have sought to cast reproach upon the measures adopted by the former. But we by no means admit this to be the import of the circular.

The *opinion* that the use of all amalgams is malpractical, had stood recorded not only upon the book of record, but in the Journal, the organ of the Society, for *four* years, at the time the circular was ordered. This opinion every man was as much bound to adopt as any precept in either the constitution or by-laws, and all *had*, by their silence, at least *tacitly*, adopted it. For regarding this *tacit* adoption as an adoption in *fact*, we have a precedent in the decision of this very Society, at their annual meeting, held in the city of Richmond, October 11, 1843, and published in the American Journal of Dental Science, vol. iv. page 115. The record is as follows:

"The committee appointed by the Virginia Society of Surgeon Dentists, to investigate certain charges alleged against Dr. R. N. Hudson, a member of said society, beg leave to report, that having examined the testimony

upon which these charges were founded, and politely and respectfully offered him an *opportunity* to vindicate himself, which he most abruptly and rudely declined, *thereby*, in the opinion of the committee, *TACITLY acknowledging the truth* of the allegations," &c. "*Whereupon*, it was *Resolved*, that the name of Dr. R. N. Hudson be *stricken from the roll of members for CONTUMACY!!!*" This member was not, by this resolution of the VIRGINIA SOCIETY OF SURGEON DENTISTS, expelled for *malpractice*, but for *contumacy*, for contempt of the precepts and action of the society. For the benefit of those who may not be in possession of the full series of the American Journal of Dental Science, we will here give the several resolutions adopted by this society, upon the subject of mineral paste. The first was adopted at the second annual meeting, held in Philadelphia, August, 1841, and is as follows:

"The Committee, Drs. E. Parmly, E. BAKER, S. Brown, C. A. Harris and J. Parmly, to whom the duty of reporting on the use of lithodeon, mineral paste and all other substances of which mercury is an ingredient for stopping teeth, reported, in substance, that the use of all such articles, were hurtful, both to the teeth and every part of the mouth; and that there was no tooth, in which caries in it could be arrested, and the organ rendered serviceable by being filled, in which gold could not be employed. The report was *unanimously* adopted by the society." Now, what constitutes the American Society of Dental Surgeons; if not its members? The next was adopted at the fourth annual meeting, held in Baltimore, July, 1843, and is as follows:

"On motion of C. A. Harris, *Resolved*, that this society regard the use of mineral paste, in plugging carious teeth, as malpractice, and that a committee of three be appointed to receive information and facts, on that subject, to be transmitted to Dr. Westcott of Syracuse, in the state of New York, to be by him laid before the Medical Society of the county of Onondaga, in that state, before which the subject aforesaid is now pending." This resolution was also unanimously adopted.

The third resolution was adopted at the fifth annual meeting held in the city of New York, Aug. '44, and is as follows:

"*Resolved*, That the Recording Secretary be instructed to give notice to every member of this society, who is charged by another member, with plugging carious teeth with mineral paste, that this society have pronounced the use of this article, for this purpose, as malpractice; and that each member persisting in its use will have his case acted upon at the next annual meeting."

Now, who claiming to be a member of the American Society, will contend that he has not committed himself, in respect to his *opinion* upon the use of amalgams, after these resolutions have been for years a matter of record in the American Journal? If any were opposed in *opinion* to the views of the Society, why had they not made it known, and asked the society to

excuse them from expressing an opinion in common, which they could not tolerate as private individuals? But if the circular was not intended to elicit *opinions*, the question very naturally arises, what was its intent? To give this clearly, it will be necessary to allude to some of the circumstances which constrained the society to adopt this measure, in order to effect a thorough renovation in respect to this practice.

By a reference to the resolutions of 1844, it will be seen that some *action* must be taken upon the subject at this session—hitherto all had been talk. Accordingly, the society appointed a *committee* of investigation. This committee after a most patient and thorough investigation, made a report containing details no less mortifying than astonishing. This report was in substance, that, of the twenty-five members resident in the cities of New York and Brooklyn, all were called upon, except two who were absent, and two who had ceased to practice. Of the remaining twenty-one, only ten disapproved *entirely* of the use of amalgams for dental purposes!!

Of the eleven remaining, five used the amalgams in certain cases, but were willing to pledge themselves to abandon it altogether.

Six used amalgams in certain cases, and *refused* to discontinue its use.

It appears from the above statistics, that nearly one-fourth of all the members resident in the cities of New York and Brooklyn not only used it, but openly disregarded the action of the Society upon the subject. In other words, one-quarter of the members in those cities were engaged in a kind of practice, which the society, by strong resolutions, had *thrice* declared to be malpractice.

Here we may properly inquire whether the society had a right to appoint this committee, and authorize them to make the investigation which elicited the above facts. Will not even our Virginia friends justify the society for creating such a committee—or would they have relied upon the “pledges which exist among *honorable men*, united for the purpose of improving and *elevating* a noble science.” The American Society had been relying upon such pledges for years, but the facts elicited by this committee constrained them to feel that they had been imposed upon. Under these circumstances one of two conclusions must be adopted. The honorable members of the society must either submit to be disgraced, by fellowshiping members whom they had declared to be engaged in malpractice, thus resigning all hope of any distinction which membership could confer, and all influence which the society could under such circumstances command; or they must take some measures to rid themselves of these members. The latter was the conclusion adopted. But how was this to be effected? The society could not send their committee over the entire globe to make the necessary investigations. The *circular* was therefore proposed to supply the place of the committee. This could travel with more despatch and much cheaper, and could do the work with equal efficiency—the object of either being to reduce, to a certainty, the number of those who were willing to redeem the pledge, which

every member had tacitly given, upon this subject, and to declare to each member, that unless he *did* redeem his clearly implied pledge, that he should no longer be considered worthy to be a member of the society. And here is the "*threat*" which the Virginia Society holds up as such a terrible monster! But if *this* be regarded in the light of a *threat*, the constitution itself, and every law, having a *penalty* attached, must be regarded in the same light. Such is *indeed* the case, in respect to all who have violated the law, but to no others.

We by no means say that *all* who refuse to sign the circular issued by the American Society, either have used amalgams for dental purposes, or that they are inclined to do so, yet we boldly affirm, that the "tone" of the circular "*is threatening*" to no others, and that it should prove obnoxious to any others, is to us a matter of the greatest surprise. We have thus far considered the offensive measure of the American Society as being simply a measure to *execute* their own laws, and one which they of course had a most perfect right to adopt. The society had *abundant* evidence, that *some* of her members, had been robbing her of her rights and her honors, and she accordingly issued this "*search warrant*," that she might bring the rogues (only) to justice. We have endeavored to show that the measure was not intended to coerce an *opinion*—that it was not intended to elicit any *new* opinion, but simply to ascertain who had been true to themselves, and to the society, and who were willing to abide by her settled, and recorded maxims. We think that we do not misconstrue the spirit of the Virginia Society, in their resolution and remarks concerning the action of the American Society, when we say, that the former society clearly give to *their* members, the liberty to advocate any *opinion* they please—to preach as they please, if they will only *practice* right. In other words they may proclaim to *all*, that mineral paste, is the very best known substance with which to fill carious teeth, if they will not *use* it. But *using* it, would be malpractice.

But let us for a moment examine this sage doctrine. Possibly it may be shown to be bad policy, if not "nonsensical and absurd."

For *ourselves*, we should consider it, neither *unjust*, "*nonsensical*," nor "*absurd*," to *expel* a member for *advocating* the *opinion* that mercurial pastes were fit articles for stopping teeth, certainly if he was a member of either the *American* or *Virginia* Society, with *their present recorded* precepts upon this subject. If it could not be regarded malpractice it would be a very mal-opinion, and one which would not only disgrace himself, but the society, and the profession. *Why* is a member expelled for malpractice in dentistry? Is it because he has, by such practice, injured a fellow-being? If so, does not the same charge lie against one, who by his *opinions*, encourages, and sustains, others, in malpractice, perhaps thereby, causing many more to suffer, than would have been the case, had *he himself*, been the mal-practitioner? Or is one to be expelled from a society, for malpractice, be-

cause such practice tends to disgrace the society, and the profession? If so we ask how much less disgrace, does he bring upon either, by giving the *opinion*, that what the society have denounced in the strongest terms, as malpractice, is nevertheless good practice, and but for the "*bond*" he would adopt it?

Is it not true, that any position which would prevent one's obtaining membership, ought to deprive him of membership, in any voluntary association? Would not a candidate for admission into any particular church, be justly excluded, should he, on having the creed of said church presented to him for his adoption, take the ground he had a right to *his own* opinions, and that he was not bound to express an opinion? And would not a *member* be responsible to said church, should he at *any time*, and especially after he *had* adopted its *opinions*, be responsible for such a position? The author of our second letter, backed by the Virginia Society of Surgeon Dentists, would say no—by no means! Such person "would only be responsible to his God," and to excommunicate such a member, for *refusing to give an opinion*, would be "nonsensical and absurd." Now what would be the precise rights of each party in this case? In respect to the candidate, he would have an undoubted right to *apply* to any church for admission, whatever opinion he might entertain of its doctrines. But if his views did not coincide with the established maxims of the church, to which he applies, he would have no right to expect, much less demand, admission. The church, on the other hand, would have a right to refuse him admission. On the supposition that he had already obtained membership, it would be equally clear that the church would be fully authorized to dismiss him for a similar position.

Now could this man make the plea, and be sustained, either by usage, common sense, or public opinion, that the church had undertaken to coerce an opinion? Precisely this, is the position of the American Society. Far be it from this society, to wish, to coerce opinion. She does not believe in "forcing men to volunteer." But for an institution framed almost for the sole purpose of suppressing quackery, *to be forced* to retain members, who *advocate* what she has decided to be the worst form of quackery, and who refuse even to give an opinion adverse to such practice, is a rare doctrine—one which we think may be considered both "nonsensical and absurd." To say the least, it is one which chimes but poorly with the spirit originating the American Society of Dental Surgeons. One of the most prominent objects of this association, as set forth in the preamble to the constitution, is, to correct abuses in dental practice or to suppress quackery. Now we ask, does a member of this association, as every member is bound to do, help to carry out this object by expressing an *opinion* that the use of mineral paste is good practice? Does he not rather take the most efficient way possible to thwart this object? And ought the *society to be compelled* to fellowship such a member, even though his offence is a mere matter of *opinion*? We

may illustrate the pernicious *effect* of this morbid liberality, which constitutes the basis of such unrestrained freedom of *opinion*, by a case, connected with this very subject. While this subject was pending before the medical society of this county, Dr. Bliss, the chief champion on the side of mineral paste, sought to convince said society, and the public, that cement was *the substance* of all substances, for filling teeth, by collecting and exhibiting the *opinion* of every amalgamite, far and near. To this end he went to the city of New York, and there obtained, as the phrase goes, "a splendid collection." On his return, he took good care to have it well understood, that he had got the opinion of several of the members of the American Society of Dental Surgeons, that mineral paste might be judiciously used for filling teeth. Now, although these *opinions* did not prevail with the medical society, they undoubtedly did induce hundreds to have their teeth filled with this vile material. When this subject came up at the last annual meeting, one of those who had given his favorable opinion (in writing) of the practice, to Dr. Bliss, said he was willing to discontinue its use, but had a right to his *opinion*. It was contended by the society, that inasmuch as he had given currency to his opinion, that this article in question was good, and that, by a *certificate*, he was bound either to free them from the responsibility of his opinion, by leaving the society, or he was bound to undo his act (the expression of his opinion) in the same way, viz. by signing the proposed certificate, or protest of the society. But this he refuses to do, on the ground that the society have no right to make such a demand! As we have introduced this member, to exhibit the consistency of those who claim a seat in the society, while they disregard both its precepts, and its action, we will refer to his positions on several different occasions. We find him one of the foremost in carrying out measures to expel, not from the society, but from the *country*, Monsieur Mallallan, for the malpractice of using mineral paste. We next find him at Philadelphia, *one of the committees* which originated the resolution, there passed by the society, in 1841, declaring, mineral paste "hurtful both to the teeth, and every part of the mouth."

We next find him in New York, *filling teeth* with this very mineral paste!

We next hear of him through Dr. Bliss, as the author of one of his many certificates in *favor* of this practice; and lastly, we find him as the author of the second letter above quoted, denouncing the American Society of Dental Surgeons as having "transcended their powers." But in this last resort he has nothing to fear, being fully backed, and sustained in this position by the Virginia Society of Surgeon Dentists!

We have no doubt this honorable body will have occasion to extend a like sympathy to many others, as persecuted members of the American Society, as they do now extend the privilege to *their* members, not merely to advocate the use of amalgams, but to give *written* certificates in its favor.

In conclusion, we may say that this measure of the American Society of Dental Surgeons, adopted to *execute* her laws, will be sustained—not

merely by a large majority of her members, but by common sense, and by public opinion. The certificates *already* received, duly signed, show that the society have nothing to fear from those who raise the cry of usurpation. The society have asked no member to *prove* himself innocent, but have offered to take his own statement, as sufficient proof of the fact. All admit that the society have full power to expel on conviction, and does not the refusal of a member to answer for himself, clearly imply his guilt? This, in the language of the Virginia Society, is at least a "*tacit* admission" of it, and this body have decided that a *tacit* admission, is an admission in fact, and have given us a *precedent*, for striking "from the roll of members" all guilty of such *contumacy*.—*Syracuse Ed.*

Arsenic as a Dental Therapeutic Agent.—We would direct the attention of our readers to an article in another part of the present number of the Journal, on the use of arsenic as a remedy for tooth-ache, and for the destruction of an exposed dental pulp, with a view to the subsequent preservation of the tooth by filling, and ask for it a careful and attentive perusal. During the last five or six years, arsenic has been more generally and extensively employed for the above named purposes than any other remedy or therapeutic agent, and at first it promised to be of great value; but before we had ever used it, we expressed our disapprobation to its employment for these purposes, for the reason, that a tooth after having been deprived of its vitality, could not, in accordance with a well known law of the animal economy, remain in the mouth with impunity; that if it did not immediately give rise to the formation of an alveolar abscess, it would of necessity exercise a morbid influence upon the circumjacent living parts. Soon after we had expressed this opinion, however, we were assured by some of the first practitioners in New York and Philadelphia, that it was fully realizing the expectations of all who advocated its use; and, willing, for the time, to yield an opinion based upon mere pathological reasoning, when opposed to so formidable an array of alleged facts, we determined to give it a fair trial. At first it promised to be an invaluable acquisition to the resources of the dental branch of medicine. It acted almost like a charm—cured tooth-ache, when resulting from the exposure of the pulp of the tooth, by destroying the vitality of this part of the organ, and we were forced, for a time, to believe that our former reasoning upon the subject was based upon a false hypothesis.

But the deception did not last long: the effects which we had anticipated previously to using it, soon began to manifest themselves—first in chronic inflammation of the alveolo dental periosteum, afterwards in pain and soreness of the tooth, and ultimately, in a large majority of cases, in alveolar abscess.

It was contended by some practitioners, that these subsequent morbid developments were the result of irritation produced by an accumulation of

matter in the root or roots, if the tooth had more than one of the organ, and that by filling these, they might be prevented. But neither by this nor any other plan of treatment, have we, on an average, been able to prevent them in more than one case out of five, and we have no doubt, that sooner or later, in the apparently successful cases, the effects above described will manifest themselves. The reason that they have not done so in these as soon as they did in the others, is doubtless owing to the fact, that the alveolar dental membrane in the former cases, was less susceptible to the action of morbid irritants, than it was in the latter, or that the immediate effect produced on it by the arsenic was less powerful. We have had occasion to extract many teeth which had been treated in this manner, not only by ourself, but by other practitioners.

This is the result of our own experience with regard to the use of arsenic for destroying the nerves of teeth, preparatory to the operation of filling, and so far as we have been able to obtain the views of others upon the subject, we are happy to believe, that this most objectionable of all species of dental practice, is almost wholly abandoned by respectable practitioners throughout the length and breadth of the land.

As to the other effects spoken of by our associate Dr. Westcott, as liable to result from the employment of this agent, we do not think there is any danger of their occurring, if it be applied by a skilful practitioner; but unfortunately, its use is now chiefly confined to those who have the most meagre claims to skill in the profession. In the hands of such, its use is certainly attended with much danger. A case was mentioned to us a few days since, of a little girl, about twelve years of age, who was taken to a self-styled dentist of this city for the purpose of obtaining relief from the tooth-ache. The cavity, we believe, was in the side of the tooth, and the remedy was applied on a little raw cotton, which not having been properly secured, got between the teeth in such a manner as to come in contact with the side of the tongue, producing, not only a most hideous ulcer, but it also came very near destroying the life of the child. Skilful medical aid was immediately called in, but it was three months before she completely recovered.

This is only one of many cases, which we might mention of the serious effects which have resulted from the employment of arsenic as a remedy for tooth-ache. The use of this agent, therefore, being attended, not only with danger, but also failing to secure the preservation of the teeth to which it is applied, its employment for this purpose, should at once and forever, be abandoned. But we fear, that so long as advertising to cure the tooth-ache in two or five minutes, can be made profitable, it will continue to be used.—*Balt. Ed.*

To our Subscribers in Great Britain. In the last number of the Journal, we expressed the hope that we had effected arrangements by which our sub-

scribers in Great Britain, would hereafter be promptly supplied with the Journal, but in consequence of the temporary absence of our agent, some delay in their delivery has occurred. We must, therefore, claim a little indulgence, as the delay is not attributable to any fault of ours. We are now trying to effect a permanent arrangement—one that will prevent for the future, any irregularity or delay in this matter. We are greatly indebted to the profession in Great Britain for the liberal manner in which they have patronized the Journal from its commencement, and we sincerely regret that they should have any cause of complaint, and they may rest assured, that we shall do all we can to prevent it. If we succeed in consummating the arrangement which we are now endeavoring to make, all difficulty will, for the future, be prevented.

Correction.—The record of the proceedings of the last meeting, in regard to Dr. S. P. Hullihen, relative to the publication of Dr. Baker's Essay, was incomplete, and as left, calculated to give an erroneous, and unjust impression of the latter.

The call to order, was made by myself, and was made on the supposition that Dr. H. was not speaking to a motion. It appearing, however, that his remarks were explanatory to a motion, which I had failed to understand, the call was cheerfully withdrawn, and the society requested him to proceed—considering his remarks for such a purpose, of course, in order.

AMOS WESTCOTT, *Rec. Sec'y.*

To Correspondents.—Observations on Artificial Obturators and Palates, read before the Mississippi Valley Association of Surgeon Dentists, by B. B. Brown, M. D., D. D. S., was received too late for publication in the present number of the Journal. It shall appear in the next . . . C. D. S. is referred to Dr. Westcott's article on the use of arsenic, as a dental therapeutic agent, for the information which he asks . . . Dr. R. will accept our thanks for the information he furnished. We have made his case known to the Recording Secretary of the American Society of Dental Surgeons. We will reply to his letter, so soon as we can find leisure to do so . . . Dr. C. H. is informed that the Journal is regularly sent to his address, but as he did not receive the first number of 6th volume, we sent another. Dr. C. is also informed, that the Journal is regularly sent to him.—*Balt. Ed.*

Museum of the Baltimore College of Dental Surgery.—A very valuable contribution was made to the Museum of this Institution a few weeks since

by Dr. John Harris, consisting of between twelve and fifteen thousand morbid dental specimens. Similar contributions would be thankfully received by the Faculty, from other members of the profession.

Porcelain Teeth.—We are indebted to Messrs. Wilkinson and Armstrong, of Philadelphia, for some very beautiful specimens of incorruptible teeth. In their appearance, they bear a very close resemblance to the human teeth, both in color and shape; and although we have not had an opportunity of testing their strength, we should think them a good article.

London Forceps.—Engaged in the same pursuit, and united by the ties of a common brotherhood, we cannot regard with indifference—although living under a different form of government, and separated from them by the broad Atlantic, the doings of our European brethren. We hail with the most lively joy, every effort made by them for the advancement of that branch of the curative art, in the practice and cultivation of which, we are mutually engaged, and the failure of any enterprise undertaken there, calculated to promote this praiseworthy end, is as deeply and sincerely regretted by us, as it is by them. Therefore, it is with feelings of the most unfeigned regret, that we announce, that the publication of that ably conducted periodical—the *London Forceps*, has ceased. Although the experiment of the publication of a journal devoted to the interests of the profession in England, had been previously made, and failed, we had hoped, that the *Forceps*, phoenix-like, rising up from the ashes of the *British Quarterly*, would have become the rallying point of our transatlantic brethren—that devoted as it was to the advancement of the science and art of dental surgery, and the elevation of the standard of professional qualification, they would have sustained it. In the city of London alone, there are dentists enough, if we are correctly informed as to the number, to have done this.

But composed as the dental profession at present is, all over the world, of men, many of whom, have been brought up to occupations requiring but little or no education, and are wholly unaccustomed to reading, it is hardly to be expected that such of its members should feel the necessity of extending the range of their knowledge. Hence they regard the expenditure of money for books or scientific periodicals, as worse than useless; and we are inclined to believe, that those who entertain this opinion are right. It is exceedingly questionable whether they would be profited by books, and it may be, that they act wisely in refusing to encumber themselves with such useless rubbish, inasmuch as reading upon the subject, would only expose their ignorance, and thus lower them in their own estimation. We are happy to know, however, that the ranks of the profession are rapidly filling

up with a different class of individuals—with men of intelligence and education, who are enriching the art by scientific researches and enlightened experience. Although the number of this latter class is, comparatively, small, yet they are rapidly changing the character of the pursuit, and securing for it a consideration which it has not heretofore enjoyed. As this description of practitioners become more numerous, will dental periodical literature be more liberally patronized, for, it is the ambition of the scientific dentist, to avail himself of every means of information within his reach. He will not be contented with the reading of one, nor half a dozen works upon the subject; he will have every thing that is written upon it, if within his ability, that he may be able to give his patients the benefit of the discoveries and improvements in practice that are daily being made. It was said, we believe, by the celebrated Dr. Rush, that "when a physician quits reading, he should quit practice," and the remark will apply with as much force to the dental as to the medical practitioner.

With regard to the importance of a medium of intercommunication between the members of the dental profession, through which such discoveries and improvements may be rendered available to all, we should not think there could be two opinions. It is too apparent to admit of doubt, and yet, how little interest, do the majority of dentists manifest for such vehicles of knowledge? In the United States, not more than one out of six manifests any at all. We have had an opportunity of ascertaining this fact, and therefore speak advisedly upon the subject.

Having been connected with the publication of this Journal during the entire period of its existence, we cannot be supposed wholly ignorant of the difficulties incident to an undertaking of this sort. We can readily imagine many of those with which the conductors of the London Forceps had to contend. But we had hoped, that after having continued their paper one year, they had succeeded in securing for it a sufficiently extensive circulation to render its perpetuity certain. It had some able writers among its contributors, whose labors in this field of useful industry, we hope, will not cease, because the publication of their own valuable paper has been discontinued. If we cannot enjoy the fruits of it through the medium of a publication of their own, we should be happy of the opportunity of enriching the pages of the American Journal of Dental Science with them.—*Balt. Ed.*

Convention of Dentists—A convention of Surgeon Dentists is to be held in Philadelphia, on the 15th of this month, for the purpose of organizing a State Society. We hope it will be well attended, and that this object will be accomplished; believing, if it be composed of well-informed and scientific practitioners, that it will be productive of good, both to themselves and the inhabitants of the state. The advantages of association to dentists, are

as great as they are to general surgeons and physicians. By this means, the knowledge of many is made available to each and every one. By coming together at stated periods, the members of the profession in Pennsylvania, or such as shall belong to the society, will have an opportunity of comparing their respective modes of practice, and of making known any new discoveries or improvements which they may make in this branch of the healing art.

We wish those of our professional brethren who are engaged in this matter, success; and, as they have honored us with an invitation to attend the convention, we shall endeavor to be present on the occasion. Dr. Robert Arthur, we understand, is to deliver the opening address.—*Balt. Ed.*

Medical Fees.—Persons generally are not aware of the importance of a fee. A physician can make a more correct diagnosis, and his remedies will operate much more beneficially where he is certain of being paid, than when he proceeds without reference to "the recompense of reward." A fee inspires the practitioner with confidence in himself and faith in his remedies, which is almost as important as the exercise of faith on the part of the patient. An eminent English physician once remarked that he never felt his own pulse, nor looked at his tongue in the glass, without unconsciously slipping a guinea from one pocket into the other. Let those, therefore, who wish to derive the full benefit of a physician's advice, bear in mind the necessity of a fee.—*St. Louis Med. & Surg. Jour.*

Barley-water a powerful Diuretic.—According to M. Themont, barley-water is a powerful diuretic, and may be employed with advantage in cases where more powerful diuretics might prove deleterious. He boils two handfuls of barley in three pints of water down to two pints, and gives a cupful five or six times daily. He relates a case of dropsy depending on hypertrophy of the heart, in which, by this simple means alone, a copious diuresis was produced which removed the dropsical swellings in a few days.—*Journ. de Farm.*

J. ROBINSON, Esq., D. D. S. OF LONDON, having consented to become our correspondent, is accredited as such, and will receive and forward to us any communications for the Journal, with which our brethren in England may favor us. There are many eminent practitioners and able writers among the members of the profession in Great Britain, and we should be happy of the opportunity of placing the names of some of them on the list of our contributors—we hope soon to be able to do so.

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ARTICLE I.

An Address, delivered at the opening of the Dental College of Ohio, at request of Faculty, by REV. B. P. AYDELOTT, D. D., President of the Board of Trustees.

WHAT is the true measure of honor? Not birth, not wealth, no particular calling or pursuit in life, not high station, not human applause, not even great mental endowments—not one, not all of those things combined, to which the world too commonly bows down in homage. Some of these things are casual, and others of them may be very improperly obtained.

What, then, is the true measure of honor? We answer, without fear of successful contradiction, it is *usefulness—intelligent, voluntary usefulness*. This requires effort, and, for its highest achievement, demands much toil, much self-sacrifice. He who would be useful must lay himself out for it; he must plan, contrive and labor; he must overcome obstacles, nerve himself for every contest, and he must persevere. In no other way can he attain to much usefulness.

Since, then, usefulness is a matter of choice, and toil, and self-sacrifice, it must be the true measure of honor. No one can justly object to this test; all must feel it to be reasonable and right, though, unhappily, very few practically apply it either to themselves or to others.

With this standard of judgment, how meanly shall we think of much that is highly honored in the world; and how will it

raise in our esteem, many of those classes and pursuits upon which a proud, unthinking world generally looks down with contempt. Were this standard universally set up, what a revolution in public sentiment would follow; what overturnings would take place! And we doubt not that such a day of righteous judgment will come. There is much in the world's progress to encourage the hope, that the time is drawing nigh, when all unreasonable, arbitrary and fictitious distinctions will be done away, and usefulness—in the most liberal, comprehensive and just sense of the term—usefulness will be universally regarded as the true measure of honor.

If the views now expressed are true and sound, are we not warranted in placing the medical profession, in all its departments, in the very first rank of honor? Let none object that this post must ever be conceded to the christian ministry. Certainly, they who devote themselves to this arduous and most responsible work are to be very "highly esteemed in love, for their work's sake." But it would be improper and unsafe to reckon the gospel ministry among worldly professions, and thus introduce an unseemly competition between it and others for precedence. The truth is, the ambassador of heaven can have no place in this world's ranks, just because his office must raise him above the highest, while his spirit ought to humble him to the feet of the lowest—make him cheerfully willing to be the servant of all.

But among earthly callings, we feel warranted in placing the healing art in the most elevated position. For what are the objects of all other pursuits? Are they not to minister to the support, the comfort, or the gratification of men, or to protect their rights? The agriculturist, the mechanic, the artist, the lawyer, the soldier, and the statesman can do no more than these. But suppose them all accomplished, what would they avail without life, without health? One touch of disease will stamp vanity on all this world's possessions, and mar its every enjoyment. But health will pour sunshine over the humblest condition, and sweeten even the coarsest morsel. We have somewhere read of a poor but laboring blacksmith; his eye was bright, his muscles firm, his step elastic. While on his

way to dinner, and, as usual, humming a tune, or whistling in the gladness of overflowing health, he passed the door of a splendid mansion; the rich occupant of the dwelling long an invalid, could not but look with feelings of envy, upon the hale, happy smith, and calling him in, proposed to exchange conditions with him. The poor man eagerly, but thoughtlessly, assented. A few months reversed the scene. Idleness and luxury soon dimmed the eye, enfeebled the frame, and depressed the spirits of the once stalwart mechanic. This brought him to his senses. "Of what use," said he, "are this fine house, and costly furniture, and rich food? I have neither health nor appetite to enjoy them!" He would gladly have again exchanged conditions with his wiser friend, the now vigorous and happy blacksmith.

Health is the first of this earth's blessings, and the very basis and essential element of all its enjoyments:

"Without the cheerful, active energy of health,
No rapture swells the breast"

Armstrong, slightly altered.

And so long as the human family is subject to weakness, pain and disease, the paramount usefulness of the healing art will be felt, and its practitioners will be entitled to proportionate honors.

But it is not our design to pronounce a eulogy on the medical profession. We wish merely to suggest a few words of counsel to those at whose request we stand here this day, and, through them, to all who have chosen the same department of the healing art. We say *department of the healing art*, because we believe that the rightful position of the dentist is not generally understood, and, consequently, his character not duly appreciated by the public. Even his fellow laborers do not, in this respect, always do him justice. His must be regarded as one branch of the healing art. He is, therefore, a medical practitioner. This is exactly his position; to this rank, and nothing less, is he most rightfully entitled. The science of medicine, it is well known, is so extensive, and requires such laborious study and long application to acquire an adequate knowledge of it, that, in every advanced community, its practitioners have, spontaneously, each for himself, chosen some particular

part of the wide field, on which to lay out his mind and strength. Hence we have the physician, the surgeon, the accoucheur, the oculist, and, to name no more, the dentist. Each one of these professes to have devoted himself to the study and relief of a certain class of the great catalogue of human ills. The public have a right, therefore, to expect from him peculiar skill in this particular department. And we doubt not, but that, as medical science advances and enlarges its domain, and multiplies its objects of attention, it will be found absolutely necessary to increase these professional divisions. Instead of having some half a dozen different departments of the healing art, as we now have, we may have a score before the revolution of another century.

Permit us, here, briefly, to point out one good consequence which will be likely to result to the science and practice of dentistry, when every dentist regards himself, and is regarded by the public, as a member of the medical profession. He must, in this case, see more clearly the propriety and importance of going through a full course of medical study. The diseases of the mouth, about which he is specially concerned, must always sustain relations, more or less extensive, to other parts of the system and its different functions. Hence, no man can be a thoroughly qualified dentist who has not a general acquaintance with the human structure and its various processes, together with its morbid states and their appropriate remedies. In this way only, can he discern and duly appreciate the multitudinous and powerful, and often subtle influences, as cause and effect, between the diseases with which he has to do, and those affecting the whole or other parts of the system. Such relative knowledge will often throw a clear light upon what would otherwise be completely hidden from his view, and enable him successfully to treat what must otherwise baffle his utmost skill. When dentists generally are thus qualified, they cannot fail to assume their rightful rank, as professional men, before the public.

Such, then, being, in our view, the true position of the dentist—so useful, so honorable—we would respectfully, but briefly, call your attention to the principal duties which devolve upon him.

I. Highly esteem and carefully cultivate your profession.

It is too true, indeed, that selfishness is the main-spring of multitudes to exertion. And selfishness, it must be allowed, will do a great deal; but love for an object will do a vast deal more. He whose heart is in his profession, will pursue it with an ardor and an energy which nothing else can supply. And it will impel him onward and upward, and sustain him in a sphere of effort which selfishness can never reach. While the merely selfish man, who values and pursues his profession only for the dollars and cents it brings him, will rarely go further than he finds it profitable; the man who really esteems his profession will cultivate it for its own sake. Hence, no ordinary measure of attainment will ever satisfy him. He will desire, also, to extend its boundaries, and render it worthy of a still higher place in the public regard. His ambition will be to leave his profession more improved and more elevated than he found it. In addition, then, to those inferior motives which operate upon the merely business man, he who loves his profession has stronger and loftier impulses, which will be certain to render him far more accomplished, and, consequently, far more worthy of public confidence.

But this is not all. A mere regard to one's individual interests, that is, in one word—selfishness, is sure to belittle the man—it will render him a professional dwarf. But where a cordial regard for his profession is the animating and controlling principle, it cannot fail to inspire the heart with refined, generous, noble sentiments, and thus impress true professional dignity upon the whole man.

II. Always cherish feelings of respect for your fellow practitioners.

“None of us liveth to himself.” This is not more the teaching of holy writ, than a lesson of sound experience. The character and welfare of all the members of a profession are, to a great extent, bound up in the same bundle. If “one member suffer, all the members suffer with it, or one member be honored, all the members rejoice with it.” Let but the profession be elevated and respected, and each individual shares in the general esteem. That is a miserable short-sighted policy which

seeks to exalt itself upon the ruin of other men's reputations. I knew a man once of more than ordinary abilities :—as a student, his opportunities had been most ample ; he entered upon a medical career under highly propitious circumstances ; his energy was great, his industry untiring, his ambition unbounded. He had a liberal spirit, also, in respect to the learning of the profession, and to literature, and science generally. He spared no expense for books, apparatus, and whatever else was necessary to high attainment. But he did little good, and much evil, in the profession ; he lived unhappily in it, and, after a life of study, toil, and profuse expenditure, utterly failed of reaching a true renown. And to what was his disappointment owing ? Not to a want of talents, or learning, or industry, or success as a practitioner, or to that low, contracted spirit, which denies to itself the means of professional improvement—his library was immense ; he gathered about himself every advantage of this kind which wealth and the most inordinate ambition could procure or desire. What then was the fatal cause of his disappointment ? It was simply this—he did not cherish a feeling of respect for his fellow practitioners. This was the worm which caused the goodly gourd to wither over his head. He took little pains to conciliate the kind feelings of his brethren. He delighted to dwell upon their imperfections. He blazoned their faults. Indeed, nothing seemed to give him more pleasure in the professor's chair, than to expose the mistakes, or pour contemptuous sarcasm upon the character or course of some less favored member of the profession. As a matter of course, he was perpetually involved in heart-burnings and contests. Almost every one had some grievance to complain of against him. He soon became the Ishmael of the profession, "his hand against every man and every man's hand against him." Is it wonderful then, that notwithstanding all his advantages and opportunities, he utterly failed—became a splendid bankrupt in reputation ? What can one man do against a whole profession ?—and especially when his own selfish contemptuous treatment of them, has provoked their righteous indignation against him ?

But if the ill will of a profession is so overwhelming an evil ; one against which no talents, no attainments, no advantages,

however great, can enable a man to bear up, how desirable, how full of strength and encouragement, on the other hand, are the respect and good will of the profession? These will open the way, and smooth its ascent, even to the most humble. Though a man's abilities be but moderate, yet in the possession of the respect and good will of his brethren, he has the surest means and the best guaranty of professional success. And when reputation does come, no breath of envy will ever tarnish his crown. All will delight to honor him.

But how may a medical man—in whatever department he may labor—secure to himself this high advantage, this most gratifying of all attainments, a profession's respect and good will? There is only one way, but that is a sure one—let him cherish a feeling of respect for his fellow practitioners. This will lead him always to regard their rights as sacred; this will render him at all times sincerely courteous, even to the most humble of his brethren.

III. Ever cultivate the spirit of benevolence.

There cannot be a brighter ornament in the character of a medical man, than benevolence. Without it, he may have the most vigorous intellect, and the greatest amount of general scholarship, and professional learning and practical skill, still his character will be miserably imperfect. No one can love him. None will freely approach him. Necessity may indeed compel some to seek his aid, but they will feel little gratitude for it, and retain no pleasant recollections of him.

A kindly spirit and gentle manners will wonderfully mitigate the sufferings of a patient, even where your skill fails to give relief. And hundreds under the influence of a sympathizing, winning deportment, may be induced to submit to tedious courses of treatment, and even painful operations, when nothing else could subdue. And thus a vast amount of human ills may be removed, which would otherwise be irremediable. It is in this way that a benevolent temper and its natural and usual accompaniment, gentle manners, greatly add to the effectiveness of the medical practitioner. Hence, one so qualified will win confidence and ensure success, where others of much larger professional learning and skill may utterly fail.

Is not the most common commendation which persons will give of their family physician, and their reason for preferring him, just this virtue of benevolence? "His manners," they will say, "are so kind and pleasant—he seems to have so much feeling for you!" And all this is perfectly natural and reasonable. Every one, and especially when suffering, can judge of the kindness of a professional man, and feel it too; but mere medical attainments must ever, to a great extent, necessarily remain occult to the uninitiated. None but professional men can properly estimate each other. We see the proof of this continually, in the fact that it is personal manners—not vigor of intellect, not great professional attainments—it is personal manners that usually win a man's way to success and distinction. Who of us that have reached middle age, have not often looked with equal disappointment and surprise upon the different conditions of our fellow students, after the lapse of twenty or thirty years from the day of our separation at commencement? Was it not emphatically true of them—"the race is not to the swift, nor the battle to the strong?" Those who gave the highest promise, as students, have often turned out the most signal failures; while many, who for the slenderness of their capacity, were the butts of their class, have, in many instances, attained no small measure of success, and at times acquired even an enviable reputation. If such cases be carefully scrutinized, it will be found, we are persuaded, that it was mainly difference of manners which wrought out their different destinies. The medical man of ordinary, or even less than ordinary intellect, but of kindly manners, will be almost certain to outstrip, in his professional career, his fellow student of an opposite character. And it is right—it is right, that it should be so, for we cannot help the feebleness of our minds, but we are to blame for the absence of a benevolent spirit and kind manners.

There is, however, another view of this point which it would be unpardonable, on the present occasion, to overlook. A benevolent spirit and kind manners are important, not merely as a means of soothing suffering and winning success. With these ends in view, a medical man may cultivate such a spirit and such manners—or rather the appearance of them—from the most

selfish motives. But true benevolence, and true kindness will always be valuable in such a world as ours, from other considerations. "The poor shall never cease out of the land." This is the decree of the great disposer of human destiny, "the High and Holy One, who inhabitest eternity, and doeth according to his will in the army of heaven and among the inhabitants of the earth." "The poor," declares the meek and merciful Saviour, "always ye have with you." Who has not admired that noble saying of Boerhaave?—"The poor are my best patients, for God is their paymaster." And what can now add so amaranthine a lustre to the character of Rush, as this simple testimony of his biographer?—"The poor were the objects of his peculiar care. In the latter and more prosperous years of his life, one-seventh of his income was expended upon the children of affliction and want. The last expression which fell from his lips was an injunction to his son—"Be indulgent to the poor."

What was so tenderly said by the poet of one medical practitioner, we are verily persuaded, is true of the great body of the profession in every age :

"In misery's darkest cavern known,
His useful care was ever nigh,
Where hopeless anguish poured his groan,
And lonely want retired to die."

Dr. S. Johnson's Epitaph on Dr. Levet.

Of all men engaged in secular pursuits, the medical practitioner has the largest sphere of benevolence open before him; and not only so, but with smaller means he can do a greater amount of good than others. Look, for example, at that poor man—he is suffering under a painful disease, which utterly disqualifies him for his daily labor. His family are in great need, and must every day sink into a lower depth of poverty and wretchedness so long as he, who is their only support, is unable to exert himself. Now, to provide for the wants of this family is all that non-professional benevolence can do, and that would be, perhaps, a long continued and very onerous service of charity. And yet do its utmost, such charity leaves the greatest sufferer unrelieved, while it places his family under a painful, and, too often, an injurious sense of obligation. But the practi-

tioner of the healing art can frequently, at a very trifling expense, and in a very short time, remove the poor man's disease, relieve him of all his sufferings, restore him to his capacities for exertion, and thus bring plenty and joy to his habitation. For all this good, the poor man will have but very little—oftentimes (such is the benevolence of physicians) nothing at all to pay. And his family, instead of being in the humiliating and generally vitiating state of pauperism—the only state in which an ordinary benevolence usually can place them—his family we say, will be restored to a happy, virtuous independence. Such is the power of medical benevolence. Such are the triumphs it achieves.

And in justice to the profession, it ought to be added, that there is no class that exhibits a more benevolent spirit, or does more to relieve the sufferings of humanity. This is so remarkably the fact, that few things disappoint or shock us more than the sight of an unsympathising, hard-hearted practitioner of the healing art, in any of its departments.

But if the profession you have chosen is so important in its objects, and demands such continued and strenuous intellectual and moral effort, what can sustain you in your career? What supply the needed motives to such study, toil, self-sacrifice, and benevolent effort? I can point you to only one source of motives, but that, thank heaven, is all-sufficient. It is christian principle. Only this can give you such command of your intellect, such control over your heart as will enable you to fulfil your high vocation.

To the medical practitioner, therefore, who would study to show himself approved—who would labor and not faint—who would persevere in well-doing—I would say, go my friend, go in faith to the great physician of souls—the Lord Jesus Christ. Learn in his school—imbibe his spirit. Contemplate his condescending kindness, his unwearied labors, his atoning death. With a heart enlivened, and warmed, and melted, and elevated, in view of his redeeming love, you will find it, by a happy experience, not a task, but a delightful privilege to minister to the afflicted. Yes, my friend, true christian piety alone can sustain and carry you forward in such a career of professional labor and be-

nevolence, as will, in this life, call down upon your head the blessings of multitudes ready to perish ; and prepare you—when all this world's prospects have faded upon your sight, and its last sounds have died upon your ears—for a higher career of usefulness and of blessedness !

ARTICLE II.

Opening Address. Delivered before the Pennsylvania Association of Dental Surgeons, January 20th, 1846. By ROBERT ARTHUR, D. D. S. Published by order of the Society.

GENTLEMEN :

A few weeks since, after we had the pleasure of effecting the formation of an association of practitioners of our profession in this state, you requested me to deliver before you the opening address, and I immediately consented to do so. Upon reflection, however, I almost regretted that I had given my consent to make an attempt, for which my habits render me so little fitted ; and I take this stand, in the fulfilment of the duty you have imposed upon me, with as keen a sense of the peculiar delicacy of my position, as any one present. To nearly all of you I am an entire stranger, and, in age and professional experience, am the junior of many whom I see before me ; in such circumstances, is it possible for me to divest myself entirely of fear of the charge of presumption, in undertaking what I cannot but regard as an important duty. It has, indeed, seemed to me that this task should properly have been imposed upon an older and more experienced member of this society—one with whom you were more familiar, and in whose judgment you could have more confidence than it is possible you can have in mine. I should have been glad of a release from this engagement, did it not furnish me with an occasion to say some things which I am disposed to believe may have a useful tendency. And, since you have been pleased to select me for the purpose, I sincerely hope, that what I am about to say may meet with your appro-

bation, and contribute, in some slight degree, towards the more perfect accomplishment of the important objects which brought us together.

Upon this occasion, many interesting topics present themselves, to which, if time permitted, I would gladly give attention ; but I shall be compelled to confine myself to those which seem of first importance. Of these, there are two which appear to me most appropriate, and which I shall endeavor to bring to your notice. If, in my presentation of them, you should not find any thing striking or useful, I will at least hope that they may direct your thoughts in a channel which will lead to something useful.

I will endeavor to engage your attention, then, with a discussion of

1st. *The objects hoped to be gained by means of the association into which we have just entered ; and*

2dly. *The ends which we should keep steadily in view, in order to insure the permanent success of our efforts towards the accomplishment of these objects.*

With regard to the objects of this association, it was my intention to have said little, as they seemed to me to be too obvious to require any effort to impress them upon you. But a remark which fell from a gentleman, between whom and myself a few words of conversation passed relative to the subject, to the effect that he did not see any great good which could result from an association of this kind, has led me to believe that there was not so general an appreciation of the benefits of association, as I had at first supposed, and has induced me to attempt to show how a society such as ours, constituted upon correct principles, and steadily supported, with right ends in view, must be of incalculable benefit to us all, and, what is of much more importance, tend greatly to increase our usefulness in the community.

The dental profession, as a distinct profession, is just beginning to be recognized by the public. A few years ago, it was very generally believed, by those who had any kind of confidence in the treatment of diseases of the teeth, that neither intelligence nor special education for the practice of dental sur-

gery was necessary ; all that was believed to be required, was a certain amount of mechanical ingenuity. Many, therefore, who found themselves unsuccessful in other employments, or conceived a notion that operating upon the teeth was more lucrative than any other vocation in which they could engage, as it required no outlay of time or money for preparation, called themselves dentists, and were received, countenanced and sustained as such, by the public. The consequence of this state of things was, that a number of unqualified persons, far greater than those who were competent to practice it, were introduced into the profession, and thus a great obstacle thrown in the way of its advancement. So great, indeed, and common were the injuries inflicted by this class of persons, that many, who were willing and anxious to believe that dental surgery had important resources, were compelled to come to the conclusion that the whole pretended science was an imposture, and that dentists always did more harm than good by their attentions to the teeth. At the time to which I am now alluding, there were very few, indeed, of the many engaged in it, who had any claims to a position in so important a profession, for the means of instruction were scanty, and hard to be reached. Although a very few years brought about a considerable change in the character of the profession, and the community began to be convinced of its usefulness, it still remained open for all who thought proper to claim its privileges, and many improper persons continued to thrust themselves forward. To those who had labored hard and faithfully, to render themselves competent to perform the duties which their station imposed upon them, it was, naturally, a source of chagrin to witness the effects of the efforts of these charlatans, to be classed with them, and to share the disgrace which, through their agency, was brought upon their vocation. As this class was very large, and as there were no means of judging of the claims which many of those who presented themselves had to their respect, it was impossible that there could be any thing like free intercourse amongst those practising the profession—each was rendered suspicious of the other. In this way, it was quite natural that, in the endeavor to shun the improper, those who were worthy of all esteem should be over-

looked ; and thus has a spirit of the most chilling reserve grown up, which has extended itself throughout the profession, and, in a greater or less degree, affected all its members. Now, although we well know that a very large proportion of those, even at this late day, presenting themselves for public patronage as practitioners of dental surgery, are altogether unworthy of confidence, we know, too, that there are also amongst them many estimable men, who are well qualified for the performance of the duties imposed upon them by their profession.

But how are we, now, to distinguish between the worthy and the unworthy, if we have no common plan upon which we can meet and learn to know each other ? And what better plan can we find, for this purpose, than that of an association, having objects in view of great interests to all concerned in it, which will induce us to meet regularly together, and place us upon a pleasant social relation towards each other. Indeed, I am fully convinced, from the little experience we have thus far had, that it is only necessary for the members of the dental profession, in this city and state, to know each other more intimately, to find that there are many filling its ranks, who are worthy of the highest respect and esteem. Who that was present at the opening of the convention, called for the purpose of organizing this association, could have failed to observe the great coldness which prevailed at the meeting, but which gradually passed away, and, as liberal sentiments began to be poured forth, finding a ready response from men whom we had been almost disposed to look upon as narrow-minded, and regardless of any thing but their own selfish interests, but who were looking up steadily and earnestly, as ourselves, to the elevation of the profession ; and the increase of its usefulness was replaced by a cheering warmth and a delightful sphere of good feeling. When we first met, we were all, or nearly all, strangers to each other ; but we soon grew familiar, and in faces which were unknown before, we now see familiar features, and feel that many of these acquaintances may soon become friends. If we have made such rapid progress in the short intercourse we have had with each other, are we unwarrantable in believing that, by means of this association, we may soon attain to a higher, warmer and more eleva-

ting social professional intercourse with each other, than has ever yet existed among us. And this has seemed to me to be one of the principal objects of the Pennsylvania Association of Surgeon Dentists.

And if we are to hope for so much pleasure and profit from the improvement of our social relations towards each other, how much of incalculable value may we reasonably expect to gain from a free interchange of views, with regard to subjects strictly professional in their character. You will all be ready to admit the great advantages to be derived from common observation, directed to any particular subject; and it seems scarcely necessary to say any thing to establish what is so self-evident—it may be useful, however, for illustration, to show how common observations may be advantageously applied to our profession. For this purpose, I will for a little while direct your attention to an article which has, for a few years only, been used in the practice of dental surgery—in some cases very successfully, but in others, perhaps a majority, with injurious consequences. I allude, as you will perhaps already anticipate, to arsenic.

This article, as you are all, of course, aware, is used for the purpose of lessening the pain generally attendant upon dental operations, and in particular cases to effect a purpose which has always been very desirable, but which it has, heretofore, been difficult, if not impossible to accomplish. By many distinguished practitioners it has been pronounced, not only wholly useless for the purpose for which it is now extensively used, but positively injurious, and should be abandoned by every one who has at heart a desire to see his profession elevated, and wishes for the good of the community. With due deference to the opinion of these gentlemen, and the opinion of some of them, with regard to these subjects, I am not disposed to forget one entitled to the greatest degree of deference. I will take this occasion to state, that many who are rapidly and deservedly gaining a high rank in the profession, assert, positively, that very important results have followed the use of this article, in their hands. Amongst those who would, as yet, be very unwilling to lay aside what appears to them to be in the highest degree useful, I do not hesitate to class myself, and, until I can be convinced by actual facts, from

which I can draw satisfactory conclusions, why it must act injuriously, I shall continue to use it. I do not, however, undertake to say that it may not exert an injurious influence—a few years ago I was convinced, from what I had observed of its effects, that it was a bad article, and had almost come to the conclusion to lay it aside. But subsequent experience has given me reason to believe, that the injurious results which I observed to follow the use of arsenic, were owing to the improper manner in which I made use of it. I now feel satisfied that it may eventually become a most important addition to the means we already have in our power of alleviating pain, although I think that we shall, for a long time, find it necessary to watch, closely, its effects, to reach the most safe and proper method of using it.

But, admit that it is improper for this purpose—how are we, who use it, to be satisfied of the fact. The results, which have followed the use of it, in our hands, have been very beneficial, and the experience of others, without we have the fullest knowledge of the particulars of the manner in which it was used, and the circumstances attendant upon the cases, cannot (especially when we must all be aware that observation of the effects of this article has been confined within very narrow limits) satisfy our minds. We must examine for ourselves.

Now it may be in the power of every member of the profession, to satisfy himself with regard to this and every other subject connected with it, and to arrive at correct conclusions, by his own unassisted efforts. But you will readily admit that he is much more liable to fall into error. The article to which I am now alluding, is strongly in point, for, as has been the case in a great many instances, if the first few experiments be made imperfectly or improperly, the results may be so bad as to deter the practitioner from pushing forward his investigations or bring him to the conclusion that he has nothing to gain from the use of arsenic, and induce him to throw it aside altogether.

Now, suppose the members of an association such as ours, were to determine to direct their attention to the investigation of this subject, and were to push their inquiries after a plan upon which they were all agreed, and were to meet at regular intervals and compare their experience, giving a detailed account of

their manner of using the preparation, with all the peculiar circumstances attendant upon each case—the successes and failures. It will be at once seen, that if any errors were committed, they would be more likely to be discovered and corrected than if one individual had gone on alone. If there were any merit at all in the article for this purpose, success would be sure to follow the efforts of some—the cause of this would be investigated, and those who failed would be enabled to ascertain their errors and correct them.

Common observation directed to a particular subject, may be called concentrated experience, and although the expression may appear strange, it is, it seems to me, quite applicable. For illustration I will suppose that twenty practitioners had determined to watch the effects of the use of any new remedy; had agreed to adopt some particular plan of investigation, and to meet once a month, or oftener, for the purpose of comparing their experience and of discussing the results obtained. Suppose, in their practice, an equal number of cases to occur, and in one month we have almost the experience which a single practitioner would have gained in two entire years.

But this rapid experience, of as much consequence as it is, is the least important matter to be considered here—we have bearing upon a single subject, minds of a variety of casts, each of which must take a peculiar view; and the mere bringing of these views together, cannot fail to elicit something new and important.

It may be said here, that all this would be accomplished by means of a well conducted journal, to which all might submit their views, and the results of their experiments. If this could be done, it may readily be granted, that it would answer a most excellent purpose; but the objection that many—a great many—who would readily meet here, and on the spur of the occasion, speak freely of what had come under their notice, from want of time, inclination or habit, could not be induced to present their views in this manner, is insurmountable. Besides, it could not at all compensate for the loss of the new ideas which are always elicited by the verbal discussion of any subject.

A practice of this kind which will form a part of the plan of

our association, will be the means, too, of inducing many to observe closely, who were before in the habit of observing carelessly, or, perhaps, not observing at all. It would, indeed, tend greatly to improve the habit in the most observant, for it could not fail to suggest ideas, to every one, which would increase his interest in his profession and widen the scope of his views.

Besides the great advantages which would result from association, with regard to points of this character, no one could fail to improve in the practical details of his profession. There are no two persons, as you all well know, who operate precisely alike, and from each other we will all learn something, which will have a tendency to improve our peculiar method. It must not be supposed, either, by gentlemen who have taken great care, and devoted much attention to the cultivation of their profession, that they are to give all, and gain nothing—from the humblest practitioner they may frequently learn what may be of great advantage to them. For myself, I am free to say, that I have never witnessed the most imperfect attempts, without observing some little thing which subsequently tended to enable me to operate more perfectly.

Besides these, a great many other important uses which might be effected by means of an association, present themselves to my mind, and will, probably suggest themselves to yours—to one I will briefly allude. An effort made by a body of this character, will be much more effectual in ridding the profession of the crowd of impostors which now encumber it. There are many ways, it is true, in which an individual may influence the public mind, to a considerable extent, and accomplish much good, but he will generally find himself unable to bring into operation any of those strong measures which, in some cases, (and the one before us seems to be peculiarly of that class,) are necessary for the suppression of injurious imposture. In a few years, if not at once, we may be able to bring legislative action to bear upon this matter, and so effectually curb, in the advances of such individuals, as those to whom we have been alluding.

And now, gentlemen, let me ask, if these are not objects worth striving to accomplish: the establishment of a warm and kindly social feeling amongst us, the furnishing of a medium through

which we may impart our views and compare our experience upon commonly interesting subjects; by means of which we will improve in the practical details of our profession; and, lastly, to be enabled to take effective measures for the purpose of removing from our shoulders, the obloquy of being classed as members of the same profession with the ignorant and dishonest. Will a society, enabling us to accomplish these objects, be useless? I do not know how gentlemen present may feel with regard to the subject, but it is a source of great satisfaction to me, to know, that in however humble a degree, I have been, in some measure, instrumental in effecting its formation.

All that I have thus far said, has had reference to what we alone, as members of the dental profession, were to gain by means of this association. But it must be remembered, that in thus making ourselves more thoroughly acquainted with the principles, and skilled in the practice of our profession, we are rendering ourselves more useful to the community. Indeed, it is highly important, as I shall now attempt to show, that we should keep steadily in view a higher purpose than that of the mere advancement of our own selfish ends, in order that our efforts may be crowned with permanent success; and what higher object can we hope to attain, than by our united efforts to benefit the whole community. This will furnish us with a rule of action, without which, in many cases, it would be difficult indeed to move, and will contribute more towards the establishment of harmony and good feeling amongst us than any thing else.

I have said that our success in carrying out the objects of this association depends, in a great measure, upon the unselfishness of our ultimate ends, and although this may seem to some of you a strange position, I hope before I conclude, fully to establish it.

Reflect for a moment, if you please, upon the causes which have induced many to withhold themselves from us on this occasion. Why is it that they have refused to respond to our call? We have waited, and, as occasion offered, urged it upon those who might have been supposed to have most influence in this matter, and who, it might be believed, could command the

respect and co-operation of all the worthy members of the profession, to make some movement in the matter, but in vain. Fully convinced that those who were older than ourselves would not be the first movers in the cause, a few of us who had long been satisfied of the importance, nay, the necessity, of the establishment of an association of dental surgeons, in this state, took the requisite preliminary steps for that purpose. In doing so, however, all concerned were extremely cautious to do nothing which would have the appearance of desiring, presumptuously, to thrust themselves conspicuously forward. They endeavored to show, in their efforts towards the accomplishment of this purpose, that their sole object was the formation of a society that they, and the community, might reap the advantages of association. They approached the older members of the profession in the most respectful manner, and begged them to come forward and aid them by their advice and influence. But they did not respond to the call. I will not attempt to say to you what I may suppose to be the motives which induced them to keep aloof—I will do nothing more than mention some of the reasons given by them for refusing to join in the movement, and leave you to draw your own inferences. Some said that they could not see how they were to be benefitted by joining a society, as they had, already, more practice than they could well attend to. Another would give his aid to no such movement, without all concerned were graduates in medicine. Others determined they would not associate themselves with those who charged less for their services than themselves. In all the refusals to co-operate with us, as far as I have been able to learn, reasons, such as these, were given.

And now let me ask, if those who were enjoying, at the hands of the community, a lucrative practice, had rightly considered their duty to the public, they would have refused to lend their aid to a movement which could not fail, ultimately, to benefit the whole community, because it did not promise to put more coin in their pockets? If those who considered a medical education necessary to constitute a competent dental surgeon, would not be better performing their duty towards the public, by assisting in a step which, in a few years, would make such education

necessary to give the community confidence in the ability of the candidate for practice? And I would ask, again, if it would not have been better for those who refused to associate with us, because some concerned in the movement charged less for their services than themselves, if they supposed the objectionable individuals could not do well what they professed to do for so small a remuneration, for them to have joined in taking measures for so raising the standard of professional qualifications, that those engaged in the practice would find it absolutely necessary to perform their operations with so much care and labor, that they would be compelled, in order to make a livelihood, to increase their charge for their services.

I would willingly have avoided such allusions as these to any members of our profession, and should not have made the above remarks, except for the accomplishment of these two purposes: that some reason may be known, why, in this state, a movement has been made for the formation of a society of dental surgeons, by the younger members of the profession; and, of showing the danger to ourselves, now that we have entered into an association, of giving course to such feelings as seemed to have moved these gentlemen.

And we shall find, as we go on, great and frequent necessity of sacrificing our own selfish desires for the good of the community; but, in so doing, we shall become wiser, better and happier men.

But, as the time I had proposed to devote to this address is drawing to a close, and I cannot but feel that in extending it, although I felt great desire to do so, I should be taxing your patience too greatly, I shall only make some application of the principles I have advanced.

Our profession, as a profession, is yet in its infancy, and it must be a long time before a majority of those engaged in its practice can have many claims to its rights and privileges. The means of dental education have, till within a few years past, been very limited, and many who have desired to avail themselves of every facility for improvement, are still, although practitioners, very deficient in information with regard to the necessary theoretical basis, and the practical details of their profession, but are

still honestly endeavoring to qualify themselves to become fully worthy to occupy their responsible position. With this class of dental practitioners, for some years to come, we shall often meet; and what must be our rule of action towards them? It is quite natural that those who have, at great labor and expense, acquired a knowledge of their profession, should feel some chagrin at seeing themselves classed by the public with such persons, and be disposed to say, "Sirs, you are attempting to practise an important profession, about which you know nothing, and I will have no fellowship with you."

This would be the natural prompting of a selfish spirit, and, if indulged in by members of our association, an application for membership, from such an individual, would be at once rejected. And now a proper appreciation of our duty to the community would tell us, that because we discountenanced these men, there are many unable to judge of their qualifications, who would employ them, and thereby sustain much injury; and that, instead of turning away from them, we should furnish them, as far as lies in our power, with the means of becoming useful members of society. There may be some of this character, who have been already admitted as members of this association, (as nearly all of us, as yet, remain ignorant of the qualifications of each other,) although I do not know it to be the case, nor pretend to think that all may not be as well or better qualified than myself; but if it is so, how necessary is it to our peace and harmony, that, in our intercourse with them, we should be influenced by more elevated feelings than those of mere self-aggrandizement.

It must not for a moment be supposed, that I am disposed to encourage the introduction into the profession of unqualified persons; against this it is our bounden duty, as well to ourselves as to the community, to turn our faces. The means of proper education are now easily attainable, and every one who does not take advantage of them, before he offers himself to the public as a candidate for practice, should be discountenanced. I speak of those, only, who are already in the profession, and who show, by their conduct, that want of opportunity is all that has prevented them from being eminently qualified—who honestly, as far as they know, endeavor to discharge their duties.

There is another class of practitioners, and it is a source of regret to me that it is so large, towards whom, if we perform our duty rigidly, it will be especially necessary to call in the aid of the sustaining principle I have been endeavoring to bring to your notice. I mean the class composed of those who wilfully impose upon public credulity, to the discredit of our profession, with which they are identified, and the great injury of the community. Towards such we must pursue no medium course. Every means, consistent with honor and justice, must be used to place them in their true light before the public. This is a duty—an unpleasant duty it is true, but from it we must not shrink—and to enable us to accomplish this work fully, it is not difficult to see how necessary it is to keep in view the public good. It is possible, indeed we cannot hope to escape the duty, that we shall be called upon to canvass freely the claims of many such to the distinctions of our body. Let no one shrink from furnishing evidence, when it is in his power to do so, which will enable us to detect imposition, and, as far as it is in our power, to discourage it.

How gladly would I say more—how sincerely have I wished for the powers of eloquence to have placed these subjects before you in the light they deserve. But what I have already said may suggest more than any length of time I might occupy would enable me to present to you. I have already occupied much of your time, and, with a few words more, will close.

We are, most of us, young—life is before us—we have entered our profession at a most favorable period—the means of rapid improvement are within our reach. Let us not fail to take advantage of them. Those who have preceded us have done much for the advancement of the profession. Let us do more—and we may be able to accomplish more, because our efforts are made in unison. And, gentlemen, let us never forget that our profession is one in which not only the comfort, but the health of the community is involved; and, above all, in our efforts to elevate the standard of our profession, let us keep constantly in mind, that the true way of gaining the respect and esteem of the community, is to render ourselves eminently useful to it.

ARTICLE III.

Transactions of "The Pennsylvania Association of Surgeon Dentists," held in the City of Philadelphia, December 15th, 1845.

IN accordance with a call signed by a number of practicing dentists, resident in Pennsylvania, a convention, composed of members of the profession, was held in Philadelphia, December 15th, 1845, for the purpose of taking the requisite steps for the formation of a State Dental Association.

On motion of Dr. J. D. White, Dr. Eli Parry, of Lancaster, was called to preside over the Convention, and J. M. Harris, of Philadelphia, was appointed Secretary.

After the Convention was called to order, the list of the names of those individuals, to whom the circulars, calling the Convention, had been addressed, was read by the Secretary, when the following gentlemen were found to be present:—Dr. Eli Parry, *Lancaster*, Dr. G. A. Planton, C. C. Williams, Dr. R. Arthur, J. M. Harris, Stephen T. Beale, S. Stockton White, Wm. D. White, F. Reinstein, J. D. Moore, Mr. Ingram, — Foster, Jr., A. R. Johnson, Dr. J. D. White, Thomas Wardle, E. M. Neal, H. M. Porter, A. M. Asay, T. W. Evans, Sam'l L. Mentzer, James O'Neil, S. I. Dickey, T. L. Buckingham, W. J. Mullen. *By Proxy*: Dr. J. Locke, *Bellefonte*, S. Robert Dickson, *Schuylkillhaven*, Charles H. Bressler, James Parry, *Lancaster*.

Upon a call from the chair, written communications to the Convention from the following gentlemen were received and ordered to be filed: Dr. J. Locke, of *Bellefonte*; S. Robert Dickson, *Schuylkillhaven*; Charles H. Bressler, *Bellefonte*, James Parry, *Lancaster*.

The rules and order of business of the Lancaster City and County Medical Society were then adopted for the government of the Convention in its deliberations.

It was then, on motion of Dr. J. D. White,

Resolved, That, in the opinion of this Convention, the time has arrived, when it is expedient to organize an association of

dental surgeons, in this State, for the purpose of cultivating the science of dental surgery, and of elevating and sustaining the character of the profession.

On motion of J. D. Moore, a committee of five was then appointed to draft a constitution, for the organization of the proposed society. The committee consisted of the following gentlemen :—Dr. J. D. White, Dr. G. A. Planton, W. J. Mullen, C. C. Williams and Stephen T. Beale.

After a short absence the committee returned and reported to the convention a preamble and constitution, which, after some trifling amendments, were adopted, as follows :

P R E A M B L E .

Whereas, we, the undersigned dental surgeons of the state of Pennsylvania, have agreed to associate ourselves for the purpose of promoting the honor, character, and interests of the dental profession, so far as they are consistent with morality, and the general good of mankind ; and whereas, we are desirous of acquiring the rights and immunities of a body politic and corporate, for the furtherance of this honorable and legal purpose.

Now, therefore, we do hereby associate ourselves, under the following Constitution, for the purposes therein set forth :

C O N S T I T U T I O N . . .

ARTICLE I.—*Of the Name.*

This Society shall be known by the name, style and title, of the Pennsylvania Association of Dental Surgeons.

ARTICLE II.—*Of the Objects.*

The objects of this society shall be : to cultivate the science of dentistry, and all its collateral branches, to elevate and sustain the professional character of dentists, and to promote amongst them mutual improvement, social intercourse and good feeling.

ARTICLE III.—*Of the Officers.*

The officers of this society shall consist of a President, two Vice-presidents, a Recording and a Corresponding Secretary, an Examining Committee, a Treasurer, and such other officers

as shall be designated by the by-laws, which officers shall be chosen annually from among the members of the society.

ARTICLE IV.—*Of its Powers*

This society shall have power to make, have and use one common seal, with such device and inscription as it shall think proper: the same to break, alter and renew at its pleasure; and it shall have power and authority to make rules, by-laws and ordinances for its regulation, and to do every other act and thing needful for the government and support of the affairs of the said society, provided, always, that the said rules, by-laws and ordinances, or any of them, be not repugnant to this constitution; the constitution of the United States, or to the constitution and laws of this commonwealth.

ARTICLE V.—*Of Certificates.*

This society shall have power to grant to members and honorary members, in the manner and form prescribed by the by-laws, such certificate, under its common seal, as may authenticate and perpetuate the memory of such membership.

ARTICLE VI.

In case a dissolution of the society shall at any time be proposed, a meeting shall be called, specially, for that purpose, and the consent of three-fourths of the members present shall be required to effect it. Should the society be thus dissolved by its own act, the property belonging to it shall be sold by order of the President, or any three members, who shall first obtain authority from a majority of the surviving members. The proceeds of such sale shall be equally divided among said survivors.

ARTICLE VII.

This constitution may be altered and amended with the consent of two-thirds of the members present; the proposition stating the amendment, in writing, to be submitted by five members at one stated meeting and lie over until another stated meeting.

ARTICLE VIII.

The time and manner of holding meetings shall be regulated by the by-laws.

ARTICLE IX.

No misnomer of the said corporation shall defeat or annul any gift, grant, devise, or bequest, to, or from, the said corporation; provided the interest of the parties shall sufficiently appear on the face of the gift, grant, or other writing, whereby any estate or other interest was intended to pass to or from the said corporation.

On motion of J. M. Harris, the convention went into election for President of the proposed association, which resulted in the choice, for one year, of Dr. G. A. Planton.

It was here suggested, that, as it was possible that some who desired to take part in the proceedings of the convention, might have been unavoidably detained from the morning session, it would, perhaps, be more seemly, and prevent cavil, to adjourn till three o'clock, before entering upon the election of the rest of the officers, so as to allow any so disposed, who were not then present, to come forward.

Dr. Planton here rose, and said that he would greatly prefer that his election, as President of the Association, should be reconsidered, as he saw the propriety of the present adjournment. The convention, however, would not agree to reconsider his election.

The convention then adjourned, to meet at three o'clock, P. M.

December 15th, 1845, 3 o'clock, P. M.

Convention called to order by the Chairman.

Minutes of the morning session read and adopted.

The election of officers was then resumed, and continued till it resulted in the choice of the following gentlemen, to act in their different capacities for one year:

DR. ELI PARRY, *1st Vice-president.*

STEPHEN T. BEALE, *2d Vice-president.*

C. C. WILLIAMS, *Recording Secretary.*

DR. R. ARTHUR, *Corresponding Secretary.*

F. REINSTEIN, *Treasurer.*

It was then suggested, that, as the Examining Committee was one of such great importance to the Association, it would be more advisable to defer balloting for the purpose of filling it, until the Association was fully formed, which was agreed to.

It was then, on motion of Dr. J. D. White,

Resolved, That the members of the society now forming, be elected from this convention, individually, by ballot; that the candidate be required to absent himself from the room whilst the election is in progress; and that two-thirds of the whole number of votes be necessary to an election.

Whereupon the balloting took place, and resulted in the election of the following gentlemen:

James M. Harris, Wm. R. White, J. S. White, J. D. Moore, A. R. Johnson, Dr. J. D. White, Thomas Wardle, E. M. Neal, H. S. Porter, A. M. Asay, T. W. Evans, Samuel L. Mintzer, T. L. Buckingham, W. I. Mullen, James O'Neal, S. J. Dickey, W. H. Clark, C. L. Munns, Charles Moore, James O. Ely, *Philadelphia*; Dr. James Locke, Charles H. Bressler, *Belleville*; James Parry, *Lancaster*; S. Roberts Dickson, *Schuylkillhaven*.

The duties of the convention having terminated, it then adjourned, *sine die*.

The President elect of the Association was then conducted to the chair, and the duties of Recording Secretary assumed by C. C. Williams, Secretary elect.

The Association was then called to order by the President, who made some remarks appropriate to the occasion, and was followed by several other gentlemen, upon topics of interest to the Association.

On motion of J. M. Harris, a committee was appointed, for the purpose of drafting a code of By-laws, for the government of the Association; it was composed of the following gentlemen: J. M. Harris, Dr. Eli Parry, and Dr. J. D. White.

The committee, after a short absence from the room, reported a code of By-laws, which were read; after which the Association adjourned till Tuesday, 16th Dec., 10 o'clock, A. M.

Tuesday, Dec. 16th, 10 o'clock, A. M.

Adjourned meeting of the Association. The President in the chair. The Association called to order.

Minutes of the afternoon session of the convention, and those of the first session of the Association were read and adopted.

On motion of Dr. Eli Parry, who vouched for his qualifica-

tions, moral standing, &c. James O. Ely was duly elected a member of the Association.

The by-laws were then re-read, each article considered separately, amended, and adopted as follows :

B Y - L A W S .

ARTICLE I.—*Of the President.*

The President shall preside at all meetings, keep order, state and put questions, regulate debates, and sign all orders on the Treasurer, duly passed by the society. He shall have power to call meetings, at his own discretion ; and it shall be his duty to call them when requested, in writing, by five members of the society. In the call for a special meeting, he shall state its objects ; and at the meeting, he shall not allow any other business to be transacted. He shall not discuss any question, while in the chair, unless it be a question of order. He shall have no vote, except where his vote may be necessary to decide a question, upon a call for the yeas and nays, or upon a ballot.

ARTICLE II.—*Of the Vice-president.*

One of the Vice-presidents, in the absence of the President, shall assume all the duties of that officer, and, in the absence of all these officers, a chairman pro tem, shall be appointed *viva voce*.

ARTICLE III.—*Of the Recording Secretary.*

The Recording Secretary shall keep accurate minutes of the proceedings of the society, and, after their approval, record them in a book provided for that purpose. He shall call the roll, read documents and attest all bills signed by the President. He shall keep a list of the members and honorary members on which he shall note the date of the election, and place of residence of each, the time of death, resignation or loss of membership. He shall receive and preserve all books and papers belonging to the society, not appertaining to the duties of other officers, and provide certificates of membership. He shall cause all by-laws, actually in force, to be inserted in a book, provided for that purpose, which shall be accessible to members, at every meeting of the society, and he shall perform such other duties as usually

appertain to his office. He shall give notice of meetings, as directed by the President, or the society, and furnish the chairman of committees with copies of the minutes of their appointment. When absent he shall send the minute book to the meeting, and a secretary, pro tem., shall be appointed *viva voce*.

He shall deliver up to his successor all books and papers, belonging to the society, which may be in his hands.

ARTICLE IV.—*Of the Corresponding Secretary.*

The Corresponding Secretary shall give notice to all officers and members of their election, and manage all matters of correspondence, unless otherwise ordered by the society. He shall copy, into a book, provided for that purpose, all letters which he may write, officially, and keep a regular and uniform file of all those which he receives, and report at each stated meeting. He shall deliver up to his successor the books and papers belonging to the society.

ARTICLE V.—*Of the Treasurer.*

The Treasurer shall collect and receive all the monies due the society, and pay all orders, properly signed and attested, and these orders shall be his vouchers for his expenditures. He shall present a balanced account annually, at the stated meeting in October, and whenever called upon by the society; and shall deliver up to his successor all the books, papers, and funds, in his hands, belonging to the society, and give satisfactory security for the faithful performance of said duties.

ARTICLE VI.—*Of Members.*

This society shall consist of active and honorary members.

ARTICLE VII.—*Of Membership and Examining Committee.*

Any person, applying for membership, shall be twenty-one years of age, of good moral character, and have received a liberal English education. Such candidate shall apply, in writing, to the chairman of the Examining Committee, who shall have power to call the committee together, at such time and place as may suit the convenience of the parties, when the candidate shall submit to an examination by said committee, on the following branches of science: viz. Surgical and Mechanical Den-

tistry, General Anatomy, and Special Dental Anatomy, Physiology and Dental Pathology, Dental Therapeutics and Materia Medica, Theoretical Chemistry and Dental Hygiene. And if his qualifications, upon such examination, be satisfactory to a majority of said committee, they shall propose him to the society as worthy of membership, which proposition shall lie over till the next stated meeting, at which he shall be balloted for; two-thirds of all the votes given shall be necessary for his election. Those who have received diplomas, or certificates, from a respectable dental college or association (recognized as such by this society,) may be admitted to membership without an examination. No person elected shall have membership until he shall have paid his initiation fee, and subscribed to the constitution, and if he should omit the payment and signing above mentioned, for one year, his election shall be void.

ARTICLE VIII.—*Of Dues.*

The initiation fee, for members, shall be *ten dollars*, payable at or before the signing of the constitution. The annual contribution shall be *two dollars*, payable at the annual stated meeting. Any member who shall neglect to pay his annual contribution, two successive years, shall forfeit his membership.

ARTICLE IX.—*Of Honorary Members.*

Any gentleman, of good moral character, who has distinguished himself by any useful dental publication, on important improvement or discovery in science, shall be considered eligible for honorary membership. Nominations for such membership may be made in writing, by any two members of the society, stating the claims of said nominee, to such distinction, after which he may be balloted for; two-thirds of all the votes given shall be necessary for election.

ARTICLE X.—*Privileges of Members.*

Each member shall be entitled to debate, and vote on all questions agitated in the society, and be eligible to any office in the gift of the society. Each honorary member shall be entitled to a seat in all meetings of the society, and have the privilege of debating all questions not involving pecuniary expenditure. Every member and honorary member, shall be entitled to re-

ceive a certificate, according to the annexed form, having the seal of the society affixed thereto, and signed by the officers of the Association.

Form of Certificate.

The Pennsylvania Association of Dental Surgeons, instituted for the improvement of dental science, the promotion of social intercourse among dental practitioners, for supporting the character of the dental profession, reposing confidence in the knowledge, skill and integrity of A—— B—— have associated him as —— member thereof.

In witness whereof, we have unto annexed the names of the proper officers, and the seal of the corporation, this —— day of

ARTICLE XI.

The above certificate shall be the property of the society, to be returned on the expulsion of a member, or honorary member, and in case of failure to return the certificate after due notice, he shall be subject to public exposure by the society.

ARTICLE XII.

The resignation of no member shall be accepted until he shall have discharged all his dues to the society.

ARTICLE XIII.—*Of Expulsions.*

Any member, or honorary member, may be impeached by three members, for contravening the laws of this society, for malpractice, or other gross misconduct. The member so impeached shall have transmitted to him a written copy of the impeachment, with notice of the time of hearing, before a committee, appointed for that purpose, which time shall not be less than one month after the member shall have received said notice; then, if the report of said committee sustain the impeachment, the society, at a stated meeting, may, by ballot, suspend, or expel, said member by a vote of two-thirds of all the votes given. After a member, or honorary member, has been expelled, professional intercourse, between him and the rest of the members, shall cease.

ARTICLE XIV.—*Of Meetings.*

Sec. 1. Five active members shall be necessary to constitute

a quorum, for the transacting of any business at a meeting of the Society.

Sec. 2. This society shall hold four stated meetings, annually, at such place as the society may from time to time direct, and in the following order, viz. first stated annual meeting on the first Tuesday in October; second stated meeting on the second Tuesday in December; third stated meeting on the third Tuesday in February; and the fourth stated meeting on the third Tuesday in April.

ARTICLE XV.—Of Meetings and Rules of Order.

Sec. 1. At stated meetings, the following shall be the order of business; the roll shall be called, and dues collected.

2d. The minutes of the preceding meeting shall be read, for approval or correction.

3d. Officers and committees shall report.

4th. Stated business of the meeting.

5th. Unfinished and deferred business.

6th. Election of members.

7th. Election of officers.

8th. Nominations for membership.

9th. New business.

10th. Communications in writing from those having no membership.

11th. Oral communications from those having no membership.

12th. Observations thereon.

13th. Written communications from those having membership.

14th. Oral communications from those having membership.

15th. Observations thereon.

Sec. 2. No question shall be considered open for discussion, except when brought forward by motion, duly made and seconded, and then distinctly stated by the presiding officer. The names of the mover and seconder of each motion to be entered on the minutes.

Sec. 3. When an individual speaks, he shall stand up, address himself to the presiding officer, and confine himself strictly to the question under consideration.

Sec. 4. No person shall be interrupted, whilst speaking, except by a call to order.

Sec. 5. The presiding officer shall decide all calls to order unless an appeal be made to the society; the vote upon which shall be taken without debate.

Sec. 6. No person shall be allowed to speak more than twice upon the same question, without previously asking, and obtaining, leave from the members present.

Sec. 7. Whilst any question is under consideration, no motion shall be received, excepting to divide the question, to amend, to postpone, to refer to a committee, or to adjourn.

Sec. 8. Motions for a division of the question, for its postponement, or reference to a committee, and for adjournment, shall be always determined without debate.

Sec. 9. A motion to adjourn shall take precedence of all others; a motion for postponement shall preclude commitment; that for commitment shall preclude amendment, or a decision on the original question.

Sec. 10. The mover, with the consent of the seconder, may withdraw any motion, previously to its amendment, commitment, or to the question upon its final passage, being put by the presiding officer.

Sec. 11. No question shall be reconsidered, excepting on the motion of two persons, who voted in the majority, submitted at the meeting at which the same was discussed.

Sec. 12. A motion that has been negatived, cannot be again brought forward at the same meeting, excepting on a motion to reconsider.

Sec. 13. When a blank is to be filled, the question shall be first taken on the largest sum, greatest number and remotest period.

Sec. 14. Two members may demand the yeas and nays on any question which is not required to be decided by ballot, and have them entered upon the minutes. The presiding officer, in such cases, shall always vote last.

Sec. 15. The students of members, and associates, shall be admitted to the sittings of the society, on producing a certificate from their preceptors.

Sec. 16. A stranger may be introduced by any member to the sittings of the society, by the consent of the President, and join in discussions by a vote of the majority.

ARTICLE XVI.—*Of Committees.*

Special committees shall be appointed in the following manner, excepting when otherwise ordered by a special vote of the society. The presiding officer shall nominate one member, who shall act as chairman of the committee; the member so nominated shall name a second, the second a third, and so on until the number of the committee is completed. The reports of all committees shall be made, in writing, and entered at length upon the minutes, unless when otherwise ordered by the society.

ARTICLE XVII.—*Awards of Merit.*

This society may award premiums to members, and others, for dissertations on subjects that may at any time be specified by the society at a stated meeting; also, for important improvements in mechanical dentistry and the manufacture of incorruptible teeth; and also for any suitable object. The question of preference, in all cases where more than one party is concerned, to be determined by the judgment of a special committee, appointed for that purpose. The unsuccessful article shall be at the disposal of the author or owner.

ARTICLE XVIII.

It shall be the duty of the society, at each stated meeting, to appoint at least two members to prepare dissertations upon some subject, (at the option of the members so appointed,) relative to the profession of dental surgery, to be read at the stated meeting; which when read, if upon a scientific or practical subject, shall be in order for discussion, under the usual parliamentary rules, which shall be determined by the President.

ARTICLE XIX.

Any member of this society who shall extol his own peculiar merits over those of a fellow practitioner, through the public prints, or make use of any secret nostrum or any patent instrument, or mode of practice whatever, which he is unwilling to communicate to the members of the profession, (recognized as such by this society,) shall be expelled.

ARTICLE XX.

No member of this society shall take a student for a less time than *two* years, unless he shall have studied dentistry with some other respectable practitioner, so as to make his time of pupilage equal to two years.

ARTICLE XXI.

A member violating any of the rules and regulations of the constitution and by-laws of this society shall be liable to impeachment.

Association adjourned till 4 o'clock, P. M.

Four o'clock, P. M.

Association called to order by the President.

Minutes of the morning session read and adopted.

Books required by the Association were ordered to be procured by the Recording Secretary.

On motion of Dr. J. D. White, the election for Examining Committee then took place, which resulted in the choice, for one year, of the following gentlemen :

DR. J. D. WHITE, *Chairman.*

J. M. HARRIS,

DR. R. ARTHUR,

DR. ELI PARRY,

STEPHEN T. BEALE.

A committee, consisting of Dr. Eli Parry, Dr. G. A. Planton, and W. J. Mullen, was then appointed, for the purpose of procuring a seal and certificate plate, and was required to report such devices for the seal as might seem to them most appropriate, at the next stated meeting of the Association.

The proceedings of the convention and Association were then ordered to be printed, in one daily and one weekly paper of the city of Philadelphia. Dr. R. Arthur, Dr. J. D. White, and C. C. Williams were appointed a publishing committee.

On motion of Dr. Eli Parry, seconded by Dr. J. D. White, Professor Chapin A. Harris, of Baltimore, and Dr. Daniel Harrington, of Philadelphia, were unanimously elected honorary members of the Association.

On motion of Dr. Parry, it was then

Resolved, That Dr. Arthur be requested to deliver an opening

address before the Association, at such time as may suit his convenience, and that, at such time, the President call a special meeting for the purpose, to attend which, the public shall be invited.

The Association then adjourned.

Jan'y 20th, 1846.—Lecture Room of the Philada. Museum.

The Association met specially, in accordance with a call from the President, by whom it was called to order.

The President then rose, and stated that Dr. Arthur having called on him, and informed him that he was prepared to deliver, before the Association, the opening address, and that the special meeting was called for the purpose.

Whereupon Dr. Arthur rose and addressed the meeting.

After the conclusion of the address, it was *Resolved*, on motion of J. M. Harris, that the address be recorded upon the minutes of the Association.

Then, on motion of J. D. White, a committee was appointed to wait on Dr. Arthur, for the purpose of requesting him to furnish a copy of his address for publication; the committee consisted of Dr. J. D. White, J. M. Harris, and F. Reinstein.

The Association then adjourned.

ARTICLE IV.

An Essay on the Origin, Development, and Eruption of the Teeth. Read before the Medical Society of the county of Scott, Ky. in September, 1845, by C. O. CONE, D. D. S., Fellow of the American Society of Dental Surgeons, &c. (Published by request.)

*Mr. President, and Gentlemen
of the Scott Co. Medical Society:*

In compliance with the requirements of the "by-laws of the society," I have prepared the following dissertation.

I shall not occupy the time of the meeting with a long introductory apology, as such apologies are usually recognized less for their sincerity than feigned modesty ; and, therefore, after remarking that my hand is better trained to the exercise of my instruments than my pen, and perhaps my pen is more skilful in forming prescriptions than beautiful arranged sentences, I throw myself upon the forbearance and charity of the members of this association.

President Edwards once observed, in substance, that most of the great revolutions that have been accomplished, either in the civil, political, religious, or scientific world, were generated by zeal and perseverance. And we have, for an illustration of this fact, the names and history of Columbus. We see him rising from an examination of the Austray charts of his ancestors ; then, after innumerable trials and disappointments, landing upon the shores of the western world ; of Napoleon, humbly issuing from the military school of France, but soon we see his zeal and perseverance rewarded by an imperial crown, and shouts of approbation which caused the whole of Europe to fear ; of John Wesley, in founding that numerous religious sect, known as the Methodists ; of John Hunter, who we find in London at the age of twenty, a "green" Scotch youth, with barely sufficient education to fit him for the ordinary duties of life, becoming "the best practical anatomist of the age," and leaving a reputation which shall stand as a monument to his name, as long as his favorite science is known. But, gentlemen, notwithstanding these strong illustrations of the above observation, I hope that all the members of this society will be actuated by that zeal and perseverance, which shall make the history and doings of this association when reviewed, an additional, but a stronger illustration of President Edwards' remark.

There is no profession, so likely to bring before all its members, the organization and preservation of man, as the one which the gentlemen, who I now have the honor to address, belongs. A subject full of interest and rich in instruction, and while it directs our attention and thoughts to the Creator of all things, it is calculated to cause us to contemplate with surprise and joy, the perfection of our organization. Man consists of differ-

ent organs, and these distinct organs have different purposes or offices to perform, and each, a distinct history of its organization, development and perfection.

It is to that portion of the human frame called the teeth, that I would ask your attention, and to that part of their history which relates to their origin and development; and it is to the process of their eruption, that I would invite your special consideration.

Mr. Paget observes, that in no organs have the results of recent microscopic researches been so unexpected and so brilliant, as those connected with the teeth.* The principal originality which the author of this paper claims, is the collecting of the facts connected with these and other researches, and condensing and bringing them to that arrangement which he presents you.

It will be necessary for the proper consideration of the eruption of the teeth, to give an introductory history of the origin and development of the teeth, up to the period when eruption commences.

Most of the published views of the origin and development of the teeth, up to the days of John Hunter, were erroneous, and some supremely ridiculous. Although Mr. Hunter gives a more correct description of the formation, progress and development of the teeth, and their arrangement in the jaw, than any previous writer, still he was very incorrect in many of his opinions, and his examination into the early development of these organs very unsatisfactory.† The next writer upon this subject, who would demand our special attention, is Thomas Bell, an able and highly accomplished writer, who published his very popular work upon the teeth in 1830, in which he describes, with great care and precision, his investigations relative to the origin and development of these organs. I will not now take time to explain his opinions; but suffice it to say, that mistake and error did attend his labors, which will be made apparent by the following epitome, (relying upon their correctness,) of the re-

* British and Foreign Medical Review, July, 1842.

† Harris' Principles and Practice of Dental Surgery, Phila. 1845.

searches of Mr. Goodsir, which are described at length, in the *Edinburgh Medical and Surgical Journal*, for January, 1839.

Mr. Goodsir's researches commenced at six weeks after conception; the embryo measured in length seven and a half lines, and weighed fifteen grains.

At this period, (six weeks after conception,) the jaw presented two semicircles folded around its circumference; the most external represented the true lip, the internal, the palate, and between these is a deep groove, lined by the mucous membrane of the mouth. A little later, a ridge is developed from the bottom of the groove, which looks forward, this is the rudiment of the external alveolus. At the seventh week, the germ of the first molar makes its appearance, in the aspect of a "simple, free, granular papilla" of the mucous membrane, which before was said to cover the floor of the primitive dental groove. At the eighth week, the papilla of the canine or cuspidatus tooth makes its appearance, and, at the ninth week, the papillæ of the four incisors are seen, the two central preceding the two lateral a little; and, at the tenth week, all of the papillæ of the whole of the deciduous teeth of the upper jaw are quite distinct. The germs of the teeth in the inferior maxillary are a little more tardy in their appearance. The papilla of the first inferior molar does not appear to be any thing more than a slight bulge, at the seventh week. At about the eighth week, the primitive dental groove becomes contracted before and behind, and laminæ of mucous membrane are developed around other papillæ, which increase in growth, and enclose the papillæ in follicles with open mouths. The follicle of the first molar is completed at about the tenth week, and soon follows the completion of the follicle of the canine. At and during the eleventh and twelfth weeks, the follicles of the incisors are completed; and, at the thirteenth week, follows the posterior molar in its completion.

At about the thirteenth week, the papillæ change their forms, and assume the shapes of the teeth which they are to represent. The follicles, at the same time, have developed from their mouths small membranous processes, which act as an operculum. The opercular to each follicle corresponds to the prominences of the teeth; the incisors have two, the bicuspidæ three, and the molars five or more, according to their number of tubercles.

The deep portion of the groove being thus closed, as above described, by the opercula, the most elevated portion, or that nearest to the gum, is left open, and this Mr. Goodsir has named the secondary dental groove, as it serves for the development of all the permanent teeth except the molars.

At the fourteenth week, laminated inflections of mucous membrane are developed from the closing deciduous dental follicles; these lunated inflections of mucous membrane are to be the cavities of reserve for all the permanent incisors, cuspidati and bicuspidates; and as the secondary dental groove is closed, they are formed into closed cavities of reserve, and recede from the surface of the gum, and lie on the inner side, and nearly in contact with the dental sacs of the deciduous teeth.

At about the fifth month, the anterior of these cavities of reserve dilates at the base, and a papilla is seen projecting into the fundus; these are the rudiments of the germs of the permanent teeth; at the same time, two small folds are produced at the superior extremity, which are to act as opercula, in converting the follicles into sacs.

At the fifth month, the posterior part of the primitive groove, behind the last deciduous tooth, is open; but, during the fifth month, it has developed within it the papilla and follicle of the first permanent molar. When this follicle becomes contracted by its operculum, there is found a large cavity of reserve, lying in contact with the dental sac on one side, and with the gum by its superficial surface. At this period, the deciduous teeth and the sacs of the ten permanent teeth increase so much in size, and there not being a proportionate lengthening of the jaw, the permanent molar is forced up and back into the maxillary *tuberosity* or *coronoid* process, which situation they occupy at the eighth and ninth month of foetal existence.

At the age of seven or eight months, the infant jaws have so far lengthened, that the first molar has returned from its forced position in the maxillary *tuberosity*, or the *coronoid* process, to its proper position in the dental arch. The cavity of reserve, which had previously been elongated by the upward movement of the first permanent molar, now expands, and assumes the cavity and situation which the tooth last mentioned occupied when in the

tuberosity or *coronoid* process. A papilla is formed from its base, and the cavity becomes constricted at its superior extremity, and the dental sac of the second molar is formed, still leaving a part or portion of the cavity in connection with the superior side of the sac. As the jaw lengthens, the second permanent molar descends from its elevated position into the dental range, following the course of the first permanent molar.

The remaining part of the cavity of reserve, which was left upon the contraction of the cavity of reserve in forming the sac of the second permanent molar, has already been lengthened backward, by the ascending of the second permanent molar, again dilates, and develops a papilla and sac, as before described; and as the jaw increases in length, it follows the curve made by the first and second molars.*

It will be seen from the above, that the sacs of the permanent molar teeth do not occupy the same relation, or similar relation, to the deciduous teeth, that the ten anterior permanent teeth do.

We have now examined, briefly, the researches of Mr. Goodsir, which relate to the origin and development of the teeth of man, and which led Mr. Goodsir to form the following conclusions, to wit:

Of the deciduous teeth:

1st. That the milk teeth are formed on each side of the jaw at the same time, and in three distinct classes, a molar, a canine, and an incisor.

2d. That first dentition proceeds from the posterior to the anterior.

3d. That the dentition of each class advances in a reverse order, the anterior or incisors being erupted before the posterior. The first papilla that appears is the anterior molar, and the last that is completed is the posterior molar.

4th. That two of the inferior operations of dentition obey the same law that is seen to govern the classes—or this reverse law—"the follicles closing by commencing at the median line and proceeding backwards, and the dental groove disappearing in the same direction."

* Wilson's Human Anatomy.

5th. That dentition commences first in the superior maxillary, and most of the time keeps in advance.

Of the permanent teeth :

6th. That the papilla of the ten permanent teeth appear in a direction from the anterior to the posterior of the jaw.

7th. That all the teeth originate from the mucous membrane.

8th. That the permanent teeth have no connection with, and have a distinct origin from the temporary teeth.

Before closing this part of my paper, it may not be amiss to call your attention, for a moment, to an inaugural dissertation by Raschkow. The dissertation "relates principally to the exhibition of what he calls the adamantine organ or pulp, situated between the follicle and the germ, and destined for the production of the enamel."* Raschkow says, "the internal plane of the dental follicle is smooth, and exhibits the appearance of a serous membrane. The membrane is every where free, except where the dental germ proceeds from it.

In the internal chamber of the follicle or capsule, between its internal surface and the dental germ, another organ is also found, which, at first, almost before the first stage of the growth of the dental germ, forms nearly a globular nucleus, of which the extreme appears, in some slight degree, to bulge out, of which the internal substance presents a singular parenchyma, consisting, probably, at first, before evolution has been farther carried out, of the usual granular formative mass, similar to that of all other organs of the fœtus. Subsequently, however, by degrees, it exhibits more clear granulations of an angular form, which are connected together in various ways, by filaments of cellular tissue, and presents the appearance of a kind of *altinenchyma*, such as may be seen in plants.

This granular nucleus, which the capsular membrane surrounds, leaves a small interval between the latter, itself, and the dental germ, in which a peculiar fluid is found effused. "This fluid, when examined closely, resembles the *liquor amnii*." The globular nucleus we have called, by anticipation, the organ of the enamel, because, from subsequent contemplation of the

* Nasmyth's Historical Introduction.

evolutions of this organ, it will be rendered clear that it is intended for the formation of the enamel substance, inasmuch as it is gradually transformed into that membrane which produces that substance.

This takes place in the following manner: the dental germ, in advancing further and further into the interior of the dental follicle, makes at first only a slight impression on the globular mass of the enamel organ; but this impression is rendered gradually deeper, as the growth of the germ proceeds. When the dental germ has penetrated further into the hollow thus made, it appears narrower towards the base, and thicker under the apex, and so is enclosed around on every side by the parenchyma of the enamel organ, which thus assumes the appearance of a hood, covering the dental germ, when advanced in its development.

This enamel hood, so to call it, presents, towards the basillary part of the dental germ, a margin, which is at first obtuse, afterwards sharp, but which is always free at every part; moreover, it still appears to be altogether as freely situated between the capsular membrane and the dental germ as previously, when it existed under the form of a granular nucleus, and it is, probably, every where surrounded by the lymph above mentioned.

When the enamel organ has assumed the form of a hood, a peculiar organ is perceived on the surface of the cavity, in which the dental germ is lodged; consisting, all of it, of short uniform fibres, placed perpendicularly to the surface of the cavity, and forming, as it were, a silky lining to the whole of the latter." According to the above quoted author, "this stratum of fibres" originates in the "transformation of the pulp of the enamel," with which it is connected at first, but soon separates itself, more and more, until no connection existed, except by some "free filaments of cellular tissue," and is converted into a true membrane, and from the office which it performs, he has named it the "membrane of the enamel."

When this membrane is closely examined, he represents its under surface to consist of hexangular, nearly uniform corpuscles, visible only through a magnifying glass, towards the centre of each of which is a rounded eminence. "Those corpuscles are nothing more than the ends of short fibres, of which the

whole membrane is composed, and, which being pressed together, assume freely the hexangular form." He also describes these corpuscles as being "deposited in regular series," and corresponding with the arrangement of the enamel fibres. Each of these fibres above described as belonging to the membrane, he regards as a duct or gland, the peculiar office of which is to secrete the "enamel fibres corresponding to it." At the very commencement of the ossification of the dental pulp, each fibre, the surface of which is directed towards the subjacent bone, is brought in contact, and then commences their function, namely, secreting the earthy salts of which the enamel is principally composed. "While this is going on, an organic lymph," says Raschkow, "seems to be secreted from the parenchyma of the enamel membrane, which penetrates between the individual fibres and renders their whole substance soft."

This he thinks is by means of a "chemical organic process," afterwards combines with the earthy substances, and forms the animal basis of the enamel."^{*}

Raschkow has shown in his paper, that the dental pulp is invested by a delicate membrane, which is said to be more vascular than the bony substance of the teeth,[†] and which he names the performative membrane, and believes to constitute the bond of union which exists between the enamel fibres and the bone of the tooth.[‡]

We have now considered three of the divisions that mark the origin and development of the teeth, to wit: the *papilla*, the follicular, and the *vascular*, sufficiently to illustrate the fourth division, the *eruptive*, to which we will now turn our attention.

There are various opinions advanced by anatomists, physiologists, and dental writers with regard to the manner or the agency by which a tooth effects its passage from its alveolar cell, and completes its eruption.

Most suppose that the tooth is raised from its alveolar cell by the elongation of the pulp and the formation of the fang, and is

* Harris' Principles and Practice of Dental Surgery.

† American Journal and Library of Dental Science, vol. 1, p. 138.

‡ Harris' Principles and Practice of Dental Surgery, Phil. 1845.

explained by a distinguished anatomist in the follow words: "As the fang grows in length, the resistance being at its end, causes the tooth to rise through the gum."* Others suppose that the alveolus is the elevating agent. That with the process of organization the tooth increases until being no longer capable of being retained in the sac, and the laws of organization recognizing the same by the close adaptation or moulting of the alveolus to the neck and fang of the increasing tooth, and effects its eruption by its own increase and its compression upon the fang of the tooth, somewhat similar to the expulsion of a moistened seed, from between the fingers by their compression.

That these explanations of the eruption of the teeth are erroneous, would appear to me to be very evident.

If we turn our attention to the early development of the teeth, and philosophically consider their advancement, we shall have not a little difficulty, in convincing ourselves, that the teeth are erupted by the resistance at the apex of the fang, resulting from the growth of the same. Did the elongation of the pulp commence before the crown had made some advancement towards the alveolus, the fang would come in contact with the floor of the alveolus, and the resistance it would then meet with, at a period when the fang is in a pulpy or yielding state, would cause the root to assume a different form from what we find presented by the fangs of a perfectly developed tooth. And we are not without illustration of the above fact. I have seen in Dr. C. A. Harris' cabinet of morbid specimens, two teeth, which from some organic difficulty, or destruction of the elevating agent, the elongation of the pulp for the formation of the fang, came in contact with the floor of the alveolus without effecting the eruption of the teeth, and resulting in the reflecting of that part, which should have constituted the fang, upon the crown of the tooth, presenting an irregular bony substance, the poorest possible apology that could be imagined for a natural tooth. I will give a description of the above referred to specimens, in Dr. Harris' words. He says, "they occupied the place of the first and second bicuspids, and their crowns are almost wholly im-

* Horner's Special Anatomy, vol. 1, p. 481.

bedded in laminated bone that should have constituted their roots, but which are entirely wanting. Judging from their appearance, one would be inclined to suppose that as they rose from their sockets, the latter filled up, and coming in contact with the former as they were forming, and while in a pulpy state, pressed against and caused them to bulge out and to be reflected upon their crowns, to the enamel of which, nearly to their grinding surfaces, they are perfectly united.”*

How the tooth is to be erupted by the alveolus, I cannot easily imagine, unless the same is proved to possess contractility; powers which, I believe, none ascribe to it. But I presume that the proposition will be thought sufficiently hypothetical, to condemn it without argument.

Delabarre, a French writer of no ordinary character, has advanced a theory which is not less physiological than ingenious. He believes that the escape of the tooth from its cell and through the gum is effected precisely in the same manner, as the expulsion of the child from the uterus; and, indeed, so close does he consider the similarity, that he has given to the process of the eruption of the teeth, the “name of ‘odontocis,’ or accouchment of that organ.”

M. Delabarre regards the sac which we have described at length, together with its relation to the tooth and the neighboring parts, in the early part of this essay, as the agent, which effects the expulsion of the tooth. “He supposes that the follicle, the vascularity of which is at that moment augmented,”† is firmly attached to the neck of the tooth, and by its contractions, the tooth is raised from its socket. This process goes on until the whole of the crown has passed through the gum, when the sac constitutes the free edge of the last named substance, which surrounds the neck of the tooth.

That the theory of Delabarre is correct, there cannot be much doubt. Mr. Goodsir, admits in his paper, that, “when the edge of the tooth has once made its way through the gum, it advances more rapidly than can be accounted for by the usual

* Harris’ Principles and Practice of Dental Surgery, p. 158.

† Lefoulon, Prof. Boad’s translation, p. 20.

rate of lengthening of the fang," and to believe, that this rise of the tooth which cannot be accounted for by the lengthening of the fang, is effected by the follicle, would seem to be almost a necessity, as there has not yet been found any other organ which seems destined for that purpose. It illustrates upon principles of reason and philosophy, this wonderful and beautiful operation of nature; and forms another illustration of the wisdom by which we are designed and created, and adds another demonstration of the utility, and importance, and relation of one organ to another, that

"Holds a link, which lost,
Would break the chain, and leave behind a gap
Which nature's self would rue."

ARTICLE V.

Observations on Artificial Obturators and Palates. Read before the Mississippi Valley Association, at Cincinnati, Ohio, August 19th, 1845, by B. B. BROWN, M. D., D. D. S., of St. Louis, Mo.

GENTLEMEN :

AT your last annual meeting, I had the honor to be one, among the number of those appointed, to prepare a paper to be read before you, at the present convention.

Until very recently, I entertained the hope of being with you, at this meeting, when an essay, on another subject, would have been submitted for your consideration; but, circumstances beyond my control, have compelled me to forego my expectation in that respect; and, I now merely propose to make some observations on fissures of the palatal arch and their treatment, by means of *artificial obturators and palates*.

In the catalogue of calamities, to which human nature is subject, there is none which excites sympathy, in a higher degree, nor more frequently calls into requisition the highest order of

professional ability, than the destruction of those parts composing the face and mouth, whereby the physiognomy is rendered hideous and articulation indistinct. Syphilitic diseases and the abuse of mercurial medicines, constitute the most prolific source of these misfortunes. The unhappy victim lives awhile, courting death to end his sufferings; and, if he survives, he exists merely a wreck of what he was, tedious to himself, and, not unfrequently, an object of mingled pity and disgust to his friends. The loss of bony structure is most generally confined to the superior and inferior maxillary, the spongy bones of the nose, and those of the palate.

Caries of bone is accompanied with a destruction of the soft surrounding substance; hence, when the palate bones are the seat of caries, a fissure in the palatal arch is the inevitable consequence, and which, not unfrequently, involves the loss of large portions of the alveolar ridge, together with the accompanying teeth.

The condition of a patient thus situated, is truly deplorable, and calls for the commiseration and sympathy of the dental philosopher and philanthropist. Unable to articulate, or enunciate a word distinctly, the unhappy individual is alarmed at the unnatural and incoherent sounds which he produces, and which too plainly indicate a fissure of the palatal arch. Deglutition is rendered laborious and painful, in consequence of fluids and solids constantly entering the fissure and traversing the naris.

From the period when the palate bones become diseased, a considerable length of time must necessarily elapse, before the carious bone is sufficiently detached, to admit of its removal; hence, two varieties of fissure are frequently presented, which I would denominate *interrupted* and *uninterrupted*.

1st. A fissure is *interrupted* when the palate bones remain *in situ*, not being sufficiently detached by the suppurative process, to admit of their removal. The diseased bone is generally elevated a few lines above the natural concavity of the palatal arch.

2d. A fissure is *uninterrupted*, when the communication between the palatal arch and naris is free from obstruction:—the

carious bone having been removed by the slow process of supuration, or by the skill of the surgeon:

It becomes the province, then, of the dental surgeon to remedy the loss, caused by accident or disease, of this important partition, and thus restore the unfortunate sufferer to a full and proper use of his functions. This is accomplished by artificial means, known to the profession as *artificial obturators* and *palates*.

By *artificial obturators*, I recognize appliances intended to restore the lost functions of the palatal arch, consequent upon an *uninterrupted* fissure in the hard palate, and which appliances are introduced into the fissure. These may be divided into simple and complicated. The *simple*, are those which have for their object, merely, the stoppage of the fissure, without extending beyond the edges of the aperture, and which are retained in position by a variety of appliances, such as elastic springs, bolts, wings, gum elastic, metallic drums, sponge, cork, gum mastic, wax, &c. &c. The *complicated*, are intended to perform the offices of the simple, with the addition of artificial teeth attached to them, by extending a plate to the point on the maxillary ridge, where they are to be supplied. In addition to the appliances usually attached to obturators, sometimes, also, arms or clasps are employed for the purpose of retaining them in their place.

Artificial palates are likewise divided into *simple* and *complicated*, *entire* and *partial*. By *artificial palates*, I recognise appliances, intended to restore the lost functions, consequent upon fissures in the hard palate, (produced by accident or disease,) by covering them over. The *simple form* is without teeth, while the *complicated* has them attached. The *entire*, is that form which covers the roof of the mouth; the *partial*, covers some portions of the palatal arch, only, and is retained in position, by arms or clasps, which connect it for support, with a tooth, or teeth, on each side of the jaw.

A *simple artificial* palate may be *entire* or *partial*, depending wholly upon the condition, extent, and position of the fissure.

A *complicated artificial* palate should *always* be *entire*, as the teeth, which are thereto attached, are thus rendered much more permanent and useful; and it also gives the whole operation, a substantiality, not to be attained by any other projection.

Cases may occur, where there are no teeth in the superior jaw; then, I would recommend an *entire complicated artificial* palate, (single plate,) to extend as far back upon the soft palate as the patient can tolerate with comfort. The dental circumference of the plate, should pass, as far as possible, over the gum, up to where the muscles of the lip and cheeks unite with the jaw; in order to be retained in its place, by atmospheric pressure.

A few hours use of this plate, cannot fail, fully to acquaint the patient with the principle of its construction, and almost to restore him the lost functions of his original palate. And, in my opinion, this is one of the best and most complete methods known to the profession, of successfully adapting an artificial denture to the superior jaw, which will supply, with ease and comfort to the wearer almost the whole properties of the natural structure. I have introduced a number on this plan, during the last fifteen years, and in every instance with the most satisfactory results.

I have not, however, had the good fortune to meet with a case of fissure, accompanied with the loss of the superior denture; but the principle, I believe, is correct; and I entertain no more doubt of its entire success, in practice, than I do of any thing, which I have not fully tested.

In adapting an artificial palate to an interrupted fissure, the soft surrounding structure, will, necessarily, be in an extremely irritated condition; hence, there is but one alternative left for the practitioner to pursue, viz. to apply an *entire* artificial palate. This is demanded in order to distribute the pressure equally over the whole roof the mouth, and, consequently, to relieve the irritable parts as much as possible. A loop may be soldered to the convex face of the plate, fitted to embrace a bit of sponge, with a view to arrest the progress of matter into the throat, while the plate is to be retained in its place by arms clasping a tooth or teeth, on each side. If a complicated artificial palate is required, it should, as before remarked, be *entire*; the edges of the plate adapted to the teeth by means of uprights soldered to it, and projecting from two to three lines above it. Every inequality, which the surface of the teeth may present; must be accurately fitted, and yet, not to *press* upon them; the edges of the

convex dental circumference should be carefully rounded off, so that no sharp edges will rest upon the gum. The plate should slip into its place, with the utmost ease and freedom—and be retained there, by means of arms attached to one or more good teeth on each side of the jaw. And from some experience in this matter, I am inclined to select, for this dental attachment, a position, if practicable, always *posterior* to the first bicuspid, as ensuring, in general, more stability and greater ease to the patient than an anterior one can.

Too much care cannot be observed in procuring correct models of the parts to be supplied. The whole mouth and teeth should always be taken, so as to exhibit their entire relations in every respect. Of several, which the careful operator will not fail to obtain, the one approximating most nearly to the original, should be selected as the working model; for the plate should always present every inequality of the surface, and fit it closely when introduced. Metal casts are frequently injured by a single blow from a heavy hammer, and are therefore no longer fit for use; indeed, for almost all operations, two or three pairs should be used, and the plate frequently annealed, during the process of striking up.

I am satisfied, that correct principles have often been abandoned through carelessness, or the want of mechanical tact in making the necessary preparations; and I may here remark, that if violence be done to principles bearing upon any of the surgical or anatomical relations of the operation, all the mechanism and finish which labor can bestow, must result in consigning the work back to the *crucible*, or, if permitted to go abroad, it will remain a monument of the operator's stupidity.

I will now cite a short history of a case, from my case book, illustrating the plan of a *complicated, entire, artificial palate*, introduced with a view of restoring the lost functions, consequent upon an interrupted fissure in the palatal arch.

In the spring of 1841, I was consulted by Mr. W. (then a resident of our city) relative to supplying him with an artificial palate. On examination, his mouth presented the following appearance: a large interrupted fissure occupied the centre of the palatal arch, and extended posteriorly to the transverse palate suture—

the true palate bones were already destroyed—the maxillary palatine bone yielded slightly by pressing upon them, at that point, attended at the same time with a considerable degree of pain. The surrounding soft parts were in a state of inflammation, caused by the contact of carious bone and irritation, consequent upon deglutition. In the anterior part of the mouth the left lateral incisor tooth was gone, and the front incisor, of the same side, so much changed from its natural position, by the disease of its appendages, as to render it useless. The maxillary palate plate was carious throughout its whole extent, and hence the loss of the front teeth was caused by their proximity to the *foramen incisivum*, where there was a loss of some bony structure. The patient's constitution had suffered materially, and his general health was feeble.

The condition of this individual was lamentable, not only in consequence of the difficulty he constantly experienced in taking nourishment, but from the abundant discharge of offensive matter from the diseased bone.

The annexed drawings of the model of the mouth, will convey some idea of the loss sustained, and the true position of parts.

FIG. 1.

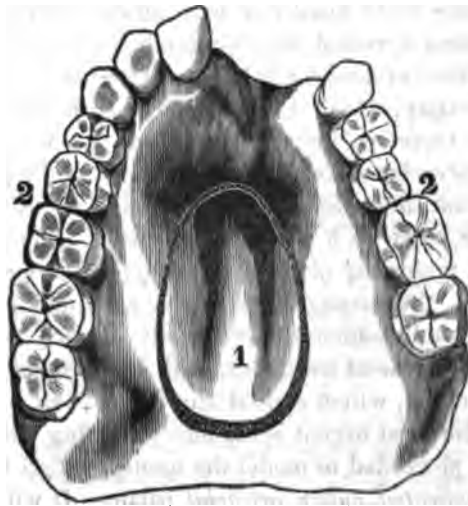


FIG. 2.



Fig. 1. Model of the parts necessary for constructing the artificial palate; the fissure being filled up, and the roof of the mouth restored to its original concavity. 1. Extent of the fissure traced. 2. 2. Interstices which received the arms or clasps.

Fig. 2. Anterior view of Fig. 1, exhibiting the part to be supplied with artificial teeth.

(The drawings correspond, in every particular, with the mouth of the patient.)

He informed me that he had sought relief from a number of members of the dental profession, in different sections of the country, but without success, except in a single instance, when a dentist in the south fitted him with an entire artificial palate, which had been attended with some relief. This was a rude, unfinished piece of dental mechanism, its greatest fault being a want of concavity, which did not admit a sufficient play to the tongue, and, therefore, the pressure which it exerted was confined to the alveolar ridge. The sharp edges of the plate excited almost constant inflammation and ulceration of the gum; still, the principle, as far as it went, was correct. The patient was wearing this temporary plate when he applied to me.

I undertook the management of his case, and removed the front incisor tooth, which I have already alluded to, and instituted local and general treatment, until I was satisfied that the disease was cured, which caused the destruction of the parts. As soon as the most urgent symptoms attending the case were controlled, I proceeded to model the mouth, with a view of supplying a *complicated, entire, artificial* palate. It will readily be

perceived, that there was but one method whereby this operation might be accomplished correctly, viz. by distributing the pressure of the plate equally over as large a surface of healthy structure as possible, so as to relieve the parts over the diseased bone; and that, when undue pressure should be exerted upon it, its force would be expended upon the maxillary walls.

Accordingly, I constructed the palate, and adapted its dental circumference to each tooth, by means of uprights of plate, soldered on so as to fit their various inequalities. A separation had been made, by a former operator, between the second bicuspidæ and first molars of each side; there, I placed the arms, and constructed them to clasp the molars. In consequence of the arms of the former plate having clasped the bicuspidæ, I was subsequently induced to attach the clasps to them, as there could be no real objections, and, besides, the comfort of the patient was materially augmented. The clasps were as wide as the teeth to which they were attached. The artificial teeth were porcelain, with imitation gums. The plate was gold, 20 carats fine, and weighed 12 dwts.; it possessed the same concavity which was natural to the roof of the mouth. On the convex side a loop was soldered, to embrace a bit of sponge, so as to arrest the discharge of matter into the throat. It was introduced into its place in the mouth, on the 25th of May. All who witnessed its introduction, (several medical friends were present,) were much gratified with the result, and the wearer was unceasing in his expressions of gratitude.

The annexed drawings will convey a tolerable idea of the operation.

Fig. 1. Complicated, entire, artificial palate, view of convex face. 1. 1. 1. 1. Dental circumference. 2. 2. Arms or clasps. 3. Loop. 4. 4. Base upon which the artificial teeth rest.

Fig. 2. View of the concave face of Fig. 1. 1. 1. Artificial front and lateral incisor teeth, posterior view. 2. 2. Uprights connecting the teeth to the gum plate. 3. 3. 3. 3. Uprights soldered to the dental circumference, and projecting above the level of the plate two and a half lines. 4. 4. Corrugations of the gum brought up.

Fig. 3. Anterior view of the front and lateral incisor teeth in Fig. 2.

(The drawings correspond, in every particular, with the original, except that the convexity and concavity is not quite faithful, or well developed.)

FIG. 1.

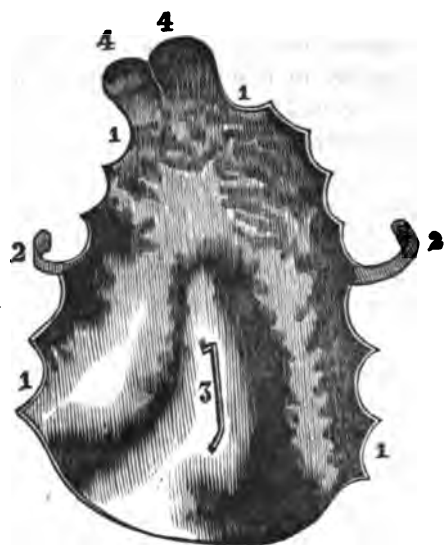


FIG. 2.

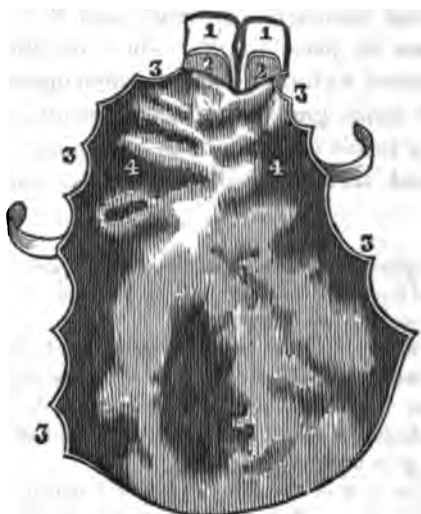


FIG. 3.



During a period of more than two years that the patient remained in St. Louis, I had frequent opportunities of examining the operation; its success was complete in every particular, which proved the correctness of the principle upon which it was constructed.

However, I still continued to give him professional advice, relative to his general health, and the diseased bone, with a view to its removal, when the proper time should arrive. Accordingly, on the 17th of April, 1843, the patient consented to the operation, and I proceeded to perform it. The bone being too large to be drawn through the fissure entire, I was forced to cut it into pieces, with instruments constructed expressly for that purpose, and thus effected its removal. In the course of one month he was *well*; the suppuration had ceased; no fetor; a subsidence of the constitutional symptoms; a restoration to the society of his friends; and, to use his own words, "he felt that he was a new being."

The annexed drawings will convey a good idea of the diseased bone, and instruments made use of to cut it.

FIG. 1.



Fig. 1. 1. Anterior nasal spine. 2. Portion of right nasal process, superior maxillary. 3. Palatine process, left superior maxillary bone. 4. Anterior extremity of vomer.

FIG. 2.

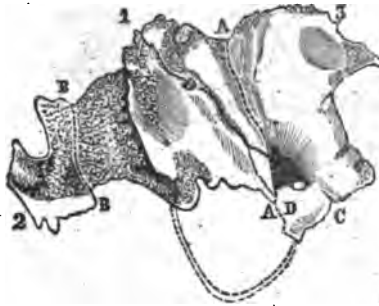


Fig. 2. Inferior view of Fig. 1, with figures corresponding. A. A. Where the bone was divided to effect its removal. B. B. The same as A. A. C. Posterior edge of the maxillary palate plate, the *palate bones* being destroyed up to their suture. D. D. Middle palate suture.

(The drawings are about three lines smaller than the original.)

FIG. 1.

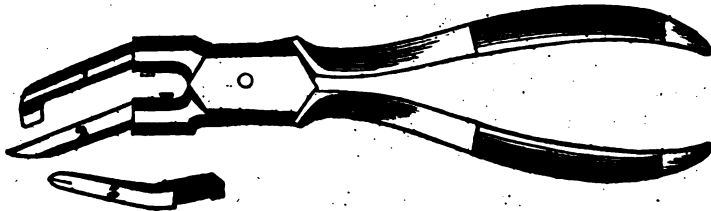


Fig. 1. Plugging Forceps. 1. Shank, with a fine cutting edge at its extremity. 2. Shank, with a groove at its extremity, to receive the cutting edge or knife of 1. 3. View of the groove in 2.

FIG. 2.

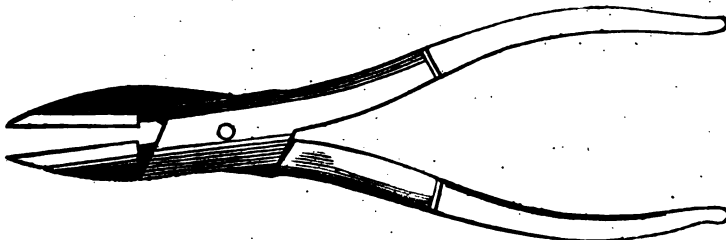


Fig. 2. Cutting Forceps, with fine sharp edges.

(The drawings correspond, in every particular, with the instruments.)

It was necessary to reduce the drawing about two-thirds, in order to get on page.—Ed.

Dr. Solyman Brown, of New York, saw Mr. W. a few months after the operation was introduced, and while the diseased bone was *in situ*. I was subsequently informed that it excited the highest admiration and commendation of that distinguished dental surgeon.

The question very naturally arises, which plan is to be preferred, *artificial obturators*, or palates? The answer will depend upon the position, condition, class and extent of the fissure; as a general rule, however, artificial palates are to be preferred to artificial obturators.

Artificial palates should exert equal pressure over an extent of surface which is capable of sustaining it without inconvenience. From the plate, merely acting as a covering to the fissure, I have invariably found, that the size of the aperture was diminished, (when properly adapted,) always realizing the most sanguine expectations of effecting what was intended. Artificial obturators by reason of filling up the fissure, and pressing upon its walls, invariably enlarge the opening, and serve to keep up a continual state of irritation in the surrounding substance, I, therefore, deem these objections sufficiently strong to cause the total abandonment of the plan.

Artificial palates may be constructed to cover various extents of surface, always depending upon circumstances. As a general rule, however, when the *os palati* and *maxillary palate plate* are destroyed, an entire artificial palate is demanded; so, likewise, when circumstances occur, making a complicated operation necessary, the palate should, generally, be entire also. The plan of atmospheric pressure and general pressure, exerted by the edges of an entire plate, upon the natural teeth are objectionable. The principle of atmospheric pressure is only applicable to artificial palates, when the teeth of the superior jaw are all wanting, and then the advantages of the principle should be obtained by a single plate.

When the teeth are involved in the loss of the palate bones, by disease, they are generally the front incisors, and those immediately over the cavity of the antrum; but gun-shot, and other wounds may injure every class. As the teeth are often exposed to injury from external violence, the practice of con-

necting an obturator to a complicated artificial palate, is liable not only to the objections already stated, but also to the important one, which arises from the strong possibility, that this very injury may produce a still greater one, by causing the artificial palate to be forced or *driven*, into the *fauces*, so that the projection, or drum, which fills the fissure, may rupture the *velum palati*.

These results are not impossible, and afford good reason for abandoning the use of an appendage, against which, so many objections may be urged. It possesses no advantage over a plate covering the aperture. Whereas, a plate is free from the objections to such an appendage.

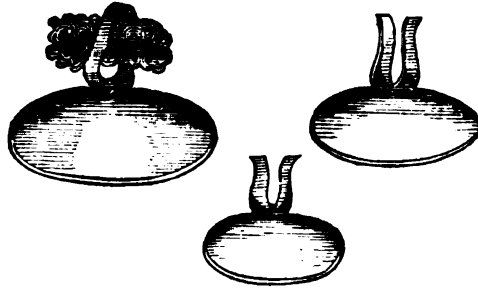
The object of placing a bit of sponge in a loop on the convex face of an artificial palate, is intended merely to arrest suppurative matter from passing into the throat. This becomes necessary when the fissure is interrupted. The sponge should be much smaller than the fissure, so that when it is charged with matter it may not press its parieties. To promote personal comfort it should be frequently changed or cleansed.

The substances proper to be used in the construction of artificial palates are gold, palladium, and platina; the two former are to be preferred, on account of the elasticity which they acquire in the process of working.

The *uprights* which I have already described, are indispensable to an *entire* artificial palate; and if the directions which I have laid down are properly followed, they will be found to avert inflammation and ulceration of the gum. When, however, they are omitted, almost constant inflammation attends the whole line of its dental circumference, by reason of the gum coming in contact with the sharp edges of the plate.

Ambrose Paré claimed to be the author of artificial obturators or "stopples," as he called them, and gave to the world the first account of such appliances, with drawings, about three hundred years ago.

"Figure of the instruments which are named, stopples of the palate of the mouth."



The above is an exact representation of the drawings contained in the great work of Ambrose Paré, on the subject of obturators, together with a faithful translation of what he named them.

But since that remote period, very great and valuable improvements have been effected in the treatment of fissures ; so much so, indeed, that it would almost seem impossible for the ablest and most talented member of our profession, to advance nearer to *perfection* ; the *ne plus ultra* of scientific research. And as it regards the particular class of appliances, here briefly, and I regret to say, imperfectly treated, they appear after the maturest deliberation, scarcely susceptible of further improvement. Yet, so great is my faith in the vast power to be acquired by close observation, and experiments, based on scientific principles, that I believe even deficiencies of the *velum palati*, will at some future period, perhaps not far distant, be remedied or supplied by artificial means.

If we may throw a glance over the history of the last fifteen years, how many subjects for proud congratulation will offer themselves to the devoted and pure minded practitioner of dental surgery ? Its scientific works now fill libraries, its literature is enlarged, its mechanism, for beauty and utility of design, is unsurpassed ; and its profession embraces some of the most talented, benevolent, and well read men in our country, who would honor any profession, any calling, in the land ; and whose lives, I trust without vanity, I may say, are solemnly dedicated with a self-sacrificing spirit, rarely excelled, to the benevolent labors of ameliorating human suffering, and of render-

ing the profession of their choice, one of high consideration and usefulness to the whole human family.

Brethren of the association, in elevating and rendering our profession one of intelligence and learning, we but ennoble and distinguish ourselves. And in this glorious endeavor, every one, however unaspiring he may be, may largely advance its honor and dignity; may contribute his mite to swell its history and augment the catalogue of those "names that were not born to die."

ARTICLE VI.

Letter from C. C. ALLEN, Dentist, of New York.

MESSRS. EDITORS :

As one of the objects of the Dental Journal is to discuss all subjects, intimately connected with the dental art, I beg leave to submit the following remarks upon an article in the last number, entitled; "Resolutions of the American Society of Dental Surgeons, in relation to the use of amalgams for filling teeth. First, let me inquire what was the ground upon which the *American Society of Dental Surgeons* first took their action against amalgams? It was not that a majority believed that amalgams were in all, or in a very large proportion of cases in which they are carefully used, productive of bad results, either to the teeth or constitution. They did not believe that great injury was done to teeth by members of their society, for those who used them, so far as I know in this city, were among the best and most skilful operators in the society. Nor did they intend to apply the epithet of quack to well educated and honest dentists who occasionally used amalgams. They had seen that there was a large class of men in the country, calling themselves dentists, who, either through ignorance or empiricism, were using and recommending amalgams as better than gold or tin, in cases where only gold was admissible, and that these men were doing great injury to their patients, and bringing reproach

upon the dental science and upon all practicing dentists, the honest and intelligent, as well as the ignoramus and empiric. It was a measure of self-defence; they saw that as a whole, taking the operations of the good and the bad together, the amalgam was doing infinitely more hurt in the hands of the latter, than good in those of the former, and like the reformers in the noble cause of temperance, they resolved that henceforward they would have nothing to do with it. Substantially this has been the uniform answer of every member with whom I have spoken upon the subject, and who has taken any part in opposition to the use of amalgams for stopping teeth; and I appeal to each member of the society to know if it was not so.

Such then was the feeling of the society up to the time of its meeting in New York, last August. Many of the members at that time, seeing that the influence of the American Society of Dental Surgeons had not stopped the use of amalgams, but that it was rather on the increase, thought it necessary to take some more decisive *action* upon the subject. The course which the society pursued at that time, I will not now detail, as I presume it is known to all the readers of this Journal. It is sufficient to say, that most, if not all of the members present at that meeting, I believe there was not a single exception, pledged themselves to the society, to discontinue the use of amalgams in their practice as dentists.* Several who *believed* it to be useful, in some extreme cases, for stopping teeth, made this concession for the sake of promoting peace and harmony in our society. Here they supposed the matter would rest, and that amalgam, so far as the society was concerned, was virtually dead

*The committee appointed by the society last August, reported, "that six members in New York, used the amalgam, under certain circumstances and refused to discontinue its use." Now, although three out of the six, viz. John Lovejoy, George E. Howes and Chas. C. Allen, subsequently communicated to the society their intention to discontinue its use for the future, yet in the report of the proceedings of the society, published in the September number of the Journal, no mention is made of this fact. Their names still appear in the published proceedings, among the names of those who refuse to give up the use of amalgam. This is, manifestly, unfair.

and buried, when, just as we were congratulating ourselves upon the restoration of harmony among the different members, lo ! its ghost appears in the form of a protest, extended to each member, and *demanding* his signature, not only pledging himself not to use amalgam, but also declaring that, in his *opinion*, it is in all cases "*unfit and dangerous*, when used for plugging the teeth or their fangs." Did any member suppose that ghost would frighten honest men and compel them to subscribe to what they believed to be a *lie*? Can a majority of three-fourths be found, to expel them for refusing to do it? Has the minority in this case no rights? Is there no alternative left to them but to resign or violate their own reason and conscience, whenever it happens that they cannot vote with the majority? I answer, there is. The minority have rights as well as the majority, and they are guaranteed to it by the original compact under which the society was formed.

Second. Let us see what the *constitution* says upon this subject. It will not, I presume, be denied by any member of our society, that the first law of our association, under which it was formed, and without which it could not well exist, is the *constitution*, and that all the provisions contained therein are inviolate and cannot be changed, except in the manner prescribed therein. If this position be true, then it follows that no resolution passed by a majority, I care not how large, is of any binding force upon the members, if the *principle* contained in the said resolution conflicts with the *principles* laid down in the constitution.*

In the preamble of the constitution is the following declaration, viz. that one of the objects of the American Society of Dental Surgeons, is, "to advance the science (of dentistry) by free communication and interchange of *sentiments*, either written or verbal, between members of the society, both in this and other countries." Does not this clause secure to each member the right to advocate any principle or "sentiment" connected with

* The constitution is the act of the people, speaking in their original character, and defining the permanent conditions of the social alliance, and there can be no doubt on this point with us, that every act of the legislative power, contrary to the true intent and meaning of the constitution, is absolutely null and void.—*Kent's Commentaries*.

dentistry, if done in an honest and proper manner? Again, in article 4th, upon the expulsion of members, the constitution reads thus: "Any member of the society may be expelled for immoral conduct, malpractice in business or other sufficient cause, on motion of one member, seconded by another, at any *regular meeting* of the society; in which case a majority of three-fourths of the members present, shall be required."

Now, those members of the society who refuse to give their testimony, that amalgams are in all cases "unfit and dangerous when used for plugging teeth or their fangs," were either expelled at the last "*regular meeting*," or they were not, if they were expelled, then the simple act of signing a protest cannot restore them; but if they were not expelled, then they cannot be until the next "*regular meeting*." There can be no *constitutional* expulsion, the object of the above article being, plainly, to bring the society to a direct vote upon the expulsion of each member.

Entertaining these views, I cannot help agreeing with your correspondent, who declares, that "the society has certainly transcended its powers;" but you remark: "The opinion that the use of all amalgams is malpractical, had stood recorded, not only upon the book of record, but in the Journal, the organ of the society, for four years, at the time the circular was ordered. This opinion every man was as much bound to adopt as any precept in either the constitution or by-laws." Now, suppose a resolution were to be passed by the society, that in its opinion, hereafter, the society had better meet every year at Baltimore instead of New York, and that one of you, gentlemen, being a northern man, should vote in the negative. Would you be as much bound to adopt this *opinion* as any precept in either the constitution or by-laws? Would you not rather say, "I have a right to remain in the society and enjoy my own opinion, but, nevertheless, for the sake of union and harmony, as a large majority of the society desire it, I will concede this point and go to Baltimore?"

Again you ask, "Is it not true that any position which would prevent one's obtaining membership, ought to deprive him of membership, in any voluntary association?" I answer, no.

The admission and expulsion of members, are two very different things. Hereafter, the members may, if they choose, ascertain the opinion of each candidate for admission to the society, upon the subject of amalgam and its fitness or unfitness for plugging teeth, and if they deem it heterodox they may vote against him; but as this has not, heretofore, been made a *test question*, it will not apply to actual members.

The candidate for admission to a christian church subscribes to the creed of articles of faith, as a matter of course, as members do to the constitution and by-laws of our society; but once a member, if a majority vote to exclude wine from the communion table, would he not be allowed to differ in opinion from the majority so voting, and, if in good standing in other respects, would the church excommunicate him because he could not believe with the majority upon this minor point, after he had conceded so much as to abandon the use of wine under all circumstances? You would make the opinion of a majority of a church, upon every subject which might come up, of the same binding force as any precept contained in the creed or articles of faith.

Third. In my opinion, the resolutions passed by the American Society of Dental Surgeons, and embodied in their protest against amalgams, were not only arbitrary, but unwise and exceeding injudicious. They establish a precedent fraught with innumerable evils, which will be productive of constant trouble to the society. For instance—grant that all are expelled who refuse to say that amalgam “is not only unfit, but dangerous, when used for plugging teeth or their fangs.” Carry out the same principles, and another batch will probably be expelled, whenever the society see fit to correct the abuse of arsenic—an article which is, at this moment, probably doing as much mischief as amalgam—not because they do not know how to use the article; but because there are hundreds who abuse it. Again, the turnkey is a very imperfect instrument for extracting teeth compared with a good set of forceps; what shall prevent the society, at some future day, from passing a resolution that the turnkey is not only unfit, but dangerous, when used for extracting teeth or their fangs, and from expelling all the members who refuse to subscribe to this opinion?

Is this the way "to promote union and harmony among all respectable and well informed dental surgeons," or will such proceedings "give character and respectability to the profession?" Is it not rather the way to drive all honorable and intelligent men from the society? No man, who thinks for himself, can hope to remain long in any society, and always agree with the majority; and if this system is to be began and perpetrated, how long before the American Society of Dental Surgeons will be reduced to only a quorum of members, and a part of these be found voting against the rest?

This is the direct and legitimate result to which the society must come, if it continues to proscribe members for opinion's sake. What then is to be done? you ask, and I will endeavor to answer. In the first place, I would not have our society pronounce any operation, malpractice *a priori*; but make each member responsible, for his practice, to the society. If there is a member whose operations are injurious to his patients or bring disgrace upon the profession, let him be reported to the society, whether it be with amalgam, arsenic, the turnkey, or any other article, give him an opportunity to defend himself, and if the charges are proved against him, let him be expelled.

Such, I believe, is the course pursued in all medical and surgical societies, and there is less difficulty in proving malpractice in dentistry, than in medicine or surgery, as it will always show for itself, so long as the tooth stands. One of the principal medicines in the practice of the "steam doctors," is *lobelia inflata*, or Indian tobacco, a powerful and searching emetic, the operation of which, when injudiciously administered, often produces fatal results; but we never hear of any medical society pronouncing the use of this article to be malpractice—on the contrary, many eminent physicians believe it to be a valuable therapeutic agent when properly administered.

I would have our society put amalgams, arsenic, kreosote, and every other article used in dentistry, upon the same footing. Let time correct the abuse of all, as it has that of the file, which, not many years since, was often used by quacks for separating sound teeth to prevent them from decaying. I do not know of a member of our society who is not a good operator and an hon-

orable man, worthy to be trusted with any of the above named articles. Surely, in this city, those members who have used the amalgam, will compare favorably with those who have not. Now, if there is one who meets with a tooth which he thinks he can fill better with amalgam than with gold, let him use it, and take the responsibility. Since the days of Paracelsus there have been an abundance of quacks, and the history of medicine shows, too plainly, that all proscriptive measures have rather increased than lessened their influence. The people soon find them out and avoid them; but when once in our zeal we go beyond the truth, in attempting to put them down, the cry of persecution will soon create a powerful reaction in their favor.

If the American Society of Dental Surgeons would suppress empiricism in one profession, let it devote all its time and energies to a diffusion of a knowledge of the principles of dentistry among all classes of society, and particularly among members of the profession; but let it not waste its strength in domestic feuds, nor its ammunition in a petty warfare against an enemy who will flee like the mists of morning, whenever the light of truth and science shall illumine its dark and mischievous hiding places.

CHAS. C. ALLEN, M. D.

ARTICLE VII.

Correspondence.

Cincinnati, Feb. 4, 1846.

PROFESSOR HARRIS,

Dear Sir:—The class of the Ohio College of Dental Surgery, thinking, that a knowledge of the prospect of a work on Dental Pharmacy, from the pen of Prof. Taylor, might be interesting to many members of the profession, have instructed us to send the following correspondence for publication, if you think proper, in the Dental Journal.

Respectfully, yours,

A. BERRY,
C. P. VAN HOUTEN,
C. BRANHAM.

Ohio College of Dental Surgery, Jan'y 5, 1846.

PROFESSOR TAYLOR,

Dear Sir:—The members of your class having felt the want of a work on Dental Pharmacy, and being highly pleased with your excellent lectures on that subject, and believing that their publication, with those on the mode of making solder, and of refining and preparing gold, would supply an important desideratum in works on dental science, useful, not only to the student, but convenient for reference to the practitioner; they would, therefore, respectfully suggest to you the propriety of furnishing them for the press.

Please accept, in behalf of your class, our sentiments of respect and esteem.

Yours, truly,

A. BERRY,
C. P. VAN HOUTEN, } Committee
C. BRANHAM, } of Class.

Cincinnati, Jan'y 6th, 1846.

MESSRS. BERRY, VAN HOUTEN, and BRANHAM,

Gentlemen:—Your communication, as a committee of the dental class, has been duly received. It affords me unfeigned pleasure to know that any portion of my winter's labor has been acceptable to the class, and particularly that portion so kindly alluded to in your note.

No one can feel the want of such a work as that to which you allude, more than myself. It has, however, only the more convinced me of the fact, that pharmacy has been too much neglected by our profession.

My lectures, however, on this subject, were prepared without any reference to publication, and, in their present form, are not properly arranged for the press.

I look forward to the time when we shall have small practical works on all the different branches of dental science; when the library of the dental practitioner shall contain more than simply one or two works on practical dentistry.

A work embracing strictly that to which your note alludes, I should be glad to see from the hands of some one more capable of doing it justice than myself. I shall, however, if circumstances permit, during the coming summer, arrange my notes on this subject, that, after the next course of lectures in the Ohio College of Dental Surgery, (if their place should not be supplied,) they can be published.

Accept, gentlemen, for yourselves, and each member of the class you represent, my warm acknowledgments for the unremitting attention which has been paid, thus far, to my lectures.

Yours, very respectfully, &c.

JAS. TAYLOR.

Collectanea.

Calculi of the Nasal Fossæ, by M. DEMARQUAY.—Calculi of the nasal fossæ, which Graaf calls rhinolithes, appear to have been first mentioned in 1502, by Joseph Mathias de Gardi. Cases of this disease have subsequently been given by Thomas Bartholin, 1654; Clander, 1685; Kern, 1700; Vitus Reidlinus, 1706; Wepfer, 1727; Ruysch, 1733; Plater, 1736; Horn, 1788; Saviales, 1814; Graff, 1828; Mr. Thouret, 1829; and Sir B. Brodie, (*Lancet*, July 6,) 1844. The cases quoted by these authors, M. Demarquay gives at length, and founds on them the following description of the disease:

Nasal calculi may exist alone, or in variable numbers. They may develop themselves on either side, and in the inferior or the superior regions of the nasal fossæ. It is, however, more especially in the inferior meatus that they appear to originate. They may be found in the frontal sinuses, or even in the maxillary sinus, and thence pass into the nasal fossæ. They may completely obstruct the cavities of the nose, incline the septum to one side, or even destroy it. Their volume varies from that of a pea, to that of a pigeon's egg; their color is black, grey, or white; their surface is uneven, and their centre is often constituted by a foreign body, or by the root of an incisor tooth. They are formed of the elements which are found in the secretions of the nasal fossæ, and in the tears, viz. mucus, phosphate of lime, and the carbonates of lime and magnesia.

The causes which give rise to nasal calculi are obscure. Graaf attributes them to gout, but his own case is the only one in which the gouty diathesis existed. Chronic inflammation of the nasal fossæ, and of the lachrymal gland, appear the most probable causes of this affection. In many

cases, the calculus appears to have formed round a foreign body. A cherry-stone, for instance, the root of a tooth, or some other substance. The presence of one or more calculi in the nasal fossæ occasions so little annoyance in some as to be scarcely perceived, whilst in other cases the symptoms may be sufficiently severe to necessitate surgical interference. The most frequent symptoms are, a certain degree of dryness in the affected nostril, accompanied by a sensation of obtusion and weight, and by difficulty of respiration. Sometimes there is acute pain in the nose or forehead, of either a constant or intermitting nature. The inflammation of the surrounding parts may become severe, and give rise to an abundant fœtid suppuration. The nose may become externally deformed. The eye may participate in the inflammation, or be bathed with tears, as in fistula lachrymalis. This is more especially the case when the calculi form in the inferior meatus. On dilating the nostrils, the foreign body is to be recognized. When this occurs a metallic sound, or the polypus forceps, should be introduced. The characteristic sound produced by their striking against the calculus will at once show what is the disease. If situated in the frontal sinuses, or very high in the nasal fossæ, they may not be recognizable by either of these modes of exploration. Calculi thus developed have often remained very long without being recognized. Sometimes they have been expelled in a fit of coughing or sneezing, but they have generally been extracted by the hand of the surgeon. Nasal calculus has given rise to numerous errors of diagnosis, the symptoms which it produces have been attributed to ozæna, to disease of the bones of the nose, &c. Generally speaking, however, it is not difficult for a surgeon, who is aware of the existence of such a disease, to recognize its presence.

The first indication to fulfil in the treatment is the extraction of the calculus, an operation which it is not always easy to accomplish. The extraction may generally be effected with a pair of polypus forceps. It must, however, be done with care, owing to the inequality of surface which the calculi present. When the calculi have been removed, the surgeon must, by an appropriate treatment, combat the inflammatory symptoms to which they have given rise. Emollient and astringent injections are often very useful. If it is supposed that the presence of the calculi is connected with any general diathesis, this must be treated by appropriate remedies.—*Half-yearly Abstract of Med. Sci.*

Death from Aconite.—A melancholy event, which has recently occurred to a respected member of our profession, forcibly sets forth the danger, not only of those who incautiously undertake the management of severe disease existing in their own person, but also of the venturing, without sufficient care, on the administration of powerful medicinal agents, with the operation of which we are but imperfectly acquainted. Dr. Male, of Birmingham, recently fell a sacrifice to these practices. He had been reading a

work in which was recommended a new and powerful agent (aconite) for the removal of deep-seated neuralgic pains, and having been suffering of late from an affection of that kind, which had resisted the ordinary means for its removal, he was induced to try upon his person the powers of the remedial agent recommended. Not sufficiently mindful of his age, Dr Male took the tincture of aconite in doses, the accumulation of which produced an alarming depression of the nervous system, from which he was ultimately unable to rally, and thus fell a victim to that want of a due appreciation of the circumstances of his own case, so common, we may add, amongst medical men when treating themselves, combined with the incautious use of a powerful drug, with the operation of which he was but imperfectly acquainted. This unfortunate case should prove a warning to every medical practitioner, as well in the pursuit of his professional avocations, as in inducing him, when himself suffering under serious illness, to have recourse to the advice of some brother practitioner.—*Provincial Medical Journal*.—*Boston Med. and Surg. Jour.*

Claims of the Temperance Reformation.—An uncommonly dignified and persuasive address to the people of Massachusetts, on the present condition and claims of the temperance reformation, has recently been published by the association known as the Massachusetts Temperance Union. Seeing upon the title page the names of the President of Williams College, Hon. Samuel Hoar, and Dr. Woodward, of Worcester, we were induced to give more than ordinary attention to the address. It emanates from a high source, and cannot fail to command the respect of all men who love order, health and happiness. No class of persons understand the necessity of temperance better than physicians, and we feel quite sure that their untiring and unflinching efforts will always be in favor of the cause that is doing so much for the moral and physical reformation of those who have loved strong drink.—*Ibid.*

Materia Medica in Rhyme.—A warm advocate for the Thomsonian practice, has communicated a poem to the Botanico-Medical Recorder, that must have been taken with a wry mouth by the editor. However, he evidently wished to oblige a poet who sings on the major key in praise of a system that is invariably lauded in proportion to one's ignorance. Here is a specimen.

"Botanic remedies were designed,
To heal the body and soothe the mind.
Let every tongue and every pen,
Proclaim the virtues of cayenne.
Nor will we fear to use it freely ;
Nor value less the good lobelia."

Ibid.

Bibliographical Notices.

The Natural History and Diseases of the Human Teeth. By JOSEPH FOX, M. R. C. S. L., Member of the Society of Medicine, Paris; Lecturer on Structure and Diseases of the Teeth at Guy's Hospital, &c. First American from the third London Edition, Remodeled, with an Introduction and numerous additions, by CHAPIN A. HARRIS, M. D., D. D. S., Professor of Practical Dentistry, and Dental Pathology, in the Baltimore College of Dental Surgery; author of Principles and Practice of Dental Surgery, &c. &c. Illustrated with thirty plates, Philadelphia: EDWARD BARRINGTON and GEO. D. HASWELL, 1846, pp. 440.

We are indebted to the publishers for a copy of the above work. We greatly regret not receiving it in time, to give it any adequate notice in the present number of the American Journal of Dental Science. The original work of Mr. Fox, has been before the public for more than forty years, and no commendation from us, would add any thing to the high estimation in which it has ever been held. Very few, if any dental writers, have enjoyed greater advantages for obtaining correct information upon most of the topics connected with this subject, than has Mr. Fox, and few, certainly, have been more successful in imparting the result of his profound researches to his fellows. His work, notwithstanding it has been written nearly half a century, is still sought and admired, not only for the valuable information it contains, but, as being one of the best specimens of dental literature. But since Mr. Fox's day, many valuable acquisitions have been made, not only in the mechanical, but in the scientific department of this useful branch of the healing art. Since his time, new facts have been brought to light, new principles discovered, old theories demolished, and new ones, more compatible with facts and sound philosophy have been substituted.

In no department of the dental art, however, have so great changes been wrought as in the mechanical. The accomplished surgeon dentist, of 1803, so far as the mechanical department is concerned, would now, be but a backward student.

To make, therefore, such a work as that of Mr. Fox's well adapted to instruct the student in dentistry, at the present time, many corrections are necessary, and many additions are required. And we most heartily rejoice, that this task has been undertaken by one so well prepared to do the subject justice. Than Dr. Harris, no man is better prepared to correct all that may need correcting, and to add every modern improvement, which could in the least enhance its value to the student. And, so far as we have been enabled to examine this work, we are prepared to express our belief, that it is one which will add new laurels to the many which have hitherto been justly awarded to him as a dental writer.

Nor have the publishers done themselves less credit in executing it, its

typographical neatness and accuracy, and the general good taste displayed throughout, do them great credit.

On the whole, considering the vast amount of practical information it contains, the judicious arrangement of its subjects, and last, though not least, the great number of valuable engravings, many of which are not to be met with elsewhere, it is a work which we think every dental student, and especially practitioner, should possess. The plates alone are worth the price of the book. We have no doubt, that should the publishers strike these off with their illustrations upon (say five) large sheets, to be framed and hung up in the dental offices, that they would meet with a ready sale. We should certainly be glad to procure them in this form. We shall take occasion to notice this work more at length in the next number of the Journal. W.

Introductory Lectures in the Medical Department of Pennsylvania College.

We have before us the introductorys, (in this institution,) to their several courses, of WM. B. GRANT, M. D., Professor of Anatomy, JOHN WITTBANK, M. D., Professor of Midwifery, WM. DARRACH, M. D., Professor of Theory and Practice of Medicine, WASHINGTON L. ATLEE, M. D., Professor of Chemistry; and also the introductory of Professor BEDFORD, of the New York University.

Each of these gentlemen set forth the peculiar claims and relative importance of their respective departments; and each very properly impresses the student with the dignity of his profession, and the necessity of close study and high moral action to preserve this dignity, as well as elevate themselves in their profession.

Lectures on the Operations of Surgery, &c. &c. By ROBERT LISTON, Esq. F. R. S., &c. &c. With numerous additions, by THOS. D. MUTTER, M. D., Professor of Surgery in Jefferson Medical College, &c. &c. Philadelphia: LEA & BLANCHARD, 1846, pp. 565.

The high character of all of Mr. Liston's writings, and the extensive practical knowledge of the various subjects he treats, render any commendation on our part unnecessary; and the additions by Dr. Mutter render the work still more valuable to the American physician and the dentist, by embodying the improvements and skill of our own surgeons.

Principles of Pathological Anatomy. By J. HOPE, M. D., F. R. S., Physician to the St. Mary-le-Bone Infirmary, &c. &c. First American Edition, edited by L. M. LAWSON, M. D., Professor of General and Pathological Anatomy and Physiology in the Transylvania University. Philadelphia: LINDSAY & BLAKISTON, 1846, pp. 424.

This is a splendid and valuable work, containing no less than two hundred and sixty beautifully colored plates, illustrating almost every variety of

structural change to which the different organs are liable. The descriptions are clear and brief, the print large and distinct, and the whole, in a word, presents itself in a most masterly and workmanlike manner.

The American Journal of Insanity. Edited by the Officers of the New York State Lunatic Asylum, Utica: and,
Report of the Pennsylvania Hospital for the Insane, for the year 1845. By THOS. S. KIRKBRIDGE, M. D., Physician to the Institution.

This Journal, together with the Report, all go to show how much the condition of that most afflicted and distressing of all classes of disease, the poor lunatic, is improved—that all physical restraint and violence are nearly if not entirely abolished—and that the most kind, humane, persuasive, intellectual and moral treatment, is now being every where introduced and practiced, and with the happiest results.

The Half-Yearly Abstract of the Medical Sciences. Edited by W. H. RANKING, M. D., Cantab., Physician to the Suffolk General Hospital. New York: J. & H. G. LANGLEY, for July and December, 1845, pp. 373.

This Journal contains a practical and analytical digest of all that occurs for the previous six months, in the different departments of medicine, and thereby furnishing much that is useful and desirable for every physician to be in possession of. We have before noticed this valuable publication, and would again commend it to the dental as well as medical practitioner.

The Southern Journal of Medicine and Pharmacy. Edited by J. LAWRENCE SMITH, M. D., and S. D. LINKLER, M. D. Vol. 1, No. 1, for January, 1846, bi-monthly. Charleston, S. C.: BURGESS & JAMES.

We have received the first number of the above named publication. It contains one hundred and twenty pages, is neatly printed and ably conducted. The subscription price is four dollars per annum. We should suppose such a publication needed in Charleston, and we hope it may have an extensive circulation.

The Anatomical Remembrancer, or Complete Pocket Anatomist, &c. &c., containing a concise description of the Bones, Ligaments, Muscles, Viscera, &c. &c. From the Second London Edition, revised. New York: SAM'L S. & WM. WOOD, 1845, pp. 245.

This little work is designed to refresh the memory of the student, after his dissections and the study of more detailed works on the subject.

Preservation of Health. By JNO. C. WARREN, M. D., Professor of Anatomy and Surgery in Harvard University. Boston: WILLIAM D. TICKNOR & Co., 1846, pp. 90.

This little work was originally a lecture before the American Institute, since which additions have been made, and the whole published. It contains much valuable practical instruction, and would be well to be in every family, and carefully read; and the most of its precepts, if practised, would secure, in a great measure, the health of the individual, and immunity from disease.

Elements of Pathological Anatomy, illustrated by numerous engravings. By SAMUEL D. GROSS, M. D., Professor of Surgery in the Medical Institute of Louisville, late Professor of General Anatomy, Physiology, and Pathological Anatomy in the Medical Department of the Cincinnati College, Surgeon to the Louisville Marine Hospital, &c. &c. Second Edition, thoroughly revised and greatly enlarged. Philadelphia: ED. BARRINGTON and GEO. D. HASWELL, 1845, pp. 822.

Dr. Gross, in this work, has endeavored to supply the want, as he considers it, of an American production on pathological anatomy, and the consequent general and lamentable ignorance of the profession upon this subject. The expense and difficulty of procuring foreign publications, accounts, no doubt, in a great measure, for deficiency in knowledge in this department of medical science, which, we trust, will be obviated by the present publication.

The Dr. first presents the general principles of the science; then takes up the lesions of each organ and tissue, individually, "indicating their anatomical characters, and, as far as they are known, their diagnostic signs."

The work indicates diligence, observation and research. We take great pleasure in commending it to our professional brethren.

Outlines of the Arteries and Nerves, with short descriptions. By JOHN NEILL, M. D., Demonstrator of Anatomy in the University of Pennsylvania, &c. &c. Philadelphia: BARRINGTON & HASWELL, 1845.

These two little works, containing colored plates of the different parts of the arterial and nervous systems, will serve to refresh the mind of the student, after the study of more extensive works, with dissections, upon the subject. They are neatly gotten up, as is, indeed, almost every work brought out by the enterprising publishers.

Miscellaneous Notices.

Baltimore College of Dental Surgery.—The annual commencement of this institution for conferring the degree of Doctor of Dental Surgery, was held on the evening of February 17th ult. in the presence of a crowded audience.

The exercises were opened with prayer by the Rev. Dr. Dorsey, after which the band played a tune, when commenced the interesting ceremony of conferring the degree, which was done by the Dean of the Faculty, calling up in alphabetical order the several students who were to receive this honor—when after announcing the states and counties of each one's residence, together with the subject matter of their several theses, the authority for conferring the degree was then read, after which the diploma of the college was presented to each by Dr. John Harris.

Music again enlivening the scene—Prof. C. A. Harris then rose and addressed the graduates in reference to the new theatre of action upon which they were about to embark, and warned them of the responsibilities, duties, and obligations which would constantly claim their attention.

After the address, Mr. Clarkson, one of the graduating class, arose, and in behalf of his fellow graduates and the dental class, returned their thanks to the Faculty for their unremitting efforts to instruct them in the several branches of dental science, together with the kindness and attention uniformly extended to them.

There were nine received the degree—the largest number since the foundation of the college, and it may not be uninteresting to state here the names of the several graduates, with their residence and theses. They are as follows, viz.

WILKES ALLEN, Massachusetts; Diseases of the Maxillary Sinus.

STEPHEN PARSONS, Georgia; on the Extraction of Teeth.

E. P. BURROUGHS, Canada; Morbid Effects of Diseased Teeth.

R. W. CLARESON, N. Jersey; Healthy and Morbid Sympathy.

WM. F. BASON, N. Carolina; Preservation of the Temporary Teeth.

A. BALDWIN, M. D., Alabama; Constitutional Effects of Diseased Teeth.

J. W. NEIL, London; Morbid Effects of Diseased Teeth and Gums.

V. M. SWAZE, N. Jersey; on the Extraction of Teeth.

JOHN LOCKE, Pennsylvania; on Filling Teeth.

Medico-Dental Education.—The importance of medico-dental education cannot be too strongly impressed upon the mind of the dental practitioner and student or individual, who may expect to engage in this department of practice. We mean that every dentist who is now in practice, or who hereafter expects to enter upon the practice, should combine the study of general medicine with his dental knowledge—embracing, at least, the study of anatomy, physiology and pathology.

Without this preparatory measure, we insist upon it, he cannot advance either the respectability of himself or permanently add to his own reputation, skill, or success, much less enhance the honor of the profession or contribute, in any very great measure, to relieving the sufferings of mankind, or protecting men from the wholesale quackery to which they are daily exposed.

Dr. Arnott very justly as well as beautifully remarks, that, "no man can well understand a subject of which he does not carry a distinct outline in his mind," both of the "synopsis, analysis, chapters and sections.

The synopsis gives a general view of the subject, like what a traveller obtains of a new country from a lofty central peak commanding the whole.

The analysis gives a view of one division like what the traveller has of a portion of the country from a lower summit."

While the chapters and sections direct attention to "single vallies or fields in the wide and beautiful domain of nature;" so with the study of dentistry, the student, if he wishes to obtain most complete mastery over his profession—to acquire the greatest amount of skill, success and reputation, to advance the dignity of his calling, and give the greatest possible security to the health and lives of his fellows.

To accomplish all this, we say it is indispensable that he should ascend this lofty peak and take a general view of the whole subject, as properly embraced and comprehended in the science and art of dental surgery, that then and not till then can he or should he be prepared to enter upon any smaller department of examination or practice; for, from this lower summit it is impossible he can view this smaller division in all its various relations, and, without which knowledge, he cannot understand it fully, much less can he practice either safely or successfully.

This leads us to notice an error, of no common magnitude among dentists, as well as among the people at large, to wit: that the teeth are viewed as so many foreign bodies, placed in the upper and lower jaws—that they have little or no connection with the rest of the system, and hence that any body, it matters very little whether he be a shoemaker or blacksmith, so that he can handle a tool, is sufficiently competent to extract a tooth. This may provoke a smile, but we are serious when we say that such a sentiment is by far too prevalent.

The object of these remarks is, if possible, to correct such a notion, and did time permit, it could very easily be shown that the teeth, instead of being foreign bodies and having no relationship with the rest of the system, have, on the contrary, the most direct, positive, intimate and inseparable connection with many, if not all the organs of the body.

Hence, we find and daily witness the closest sympathy of action and reaction between the teeth and the rest of the system.

Who has not seen the tender infant thrown into convulsions from teething? There is a relation between the fifth pair of nerves and the brain, and

through the brain, with the muscular system. Anatomy and physiology discloses this fact.

Who does not know that *digestion* is impaired by decayed teeth? and the crowns of the teeth destroyed by faulty digestion? showing the connections between the dental organism and the stomach and intestines, liver, &c. &c.

This will suffice for the present to draw attention, and we hope sufficient attention, to this subject, that all, and especially dentists, will examine it closely, and we have no fear but that the result will be salutary, both in the elevation of the profession and the pulling down of quackery.

We are happy to say that many noble efforts have been made and are making, both by states and individuals, for the accomplishment of this praiseworthy object.

Editorship of the Journal.—It has hitherto been deemed policy to have the editors of the American Journal of Dental Science located in different parts of the country, and there are some good reasons why this should be so; although there are some objections to it. The time and attention which each of the editors has necessarily expended upon this publication, have hitherto been almost purely a donation to the society, and the interests of the profession, and it cannot, therefore, be expected that all other business could be laid aside to prepare articles for its pages. This not only accounts for the delay which has sometimes occurred in issuing it promptly, but connected with the fact that but one of the editors resides where the Journal is published, it serves also to account for errors which could be avoided, did each read his own proof.

This remark is particularly true as applied to the two articles which we furnished for the last Journal—the one upon the use of arsenic, and the other pertaining to the resolutions of the American Society, relative to the use of amalgams, &c.

We did not intend, until this number was nearly due, to furnish any thing for it. At this time we read a letter from Dr. Harris, advising us that his other engagements were such that he should expect us to prepare and send on immediately, one or more articles. This, at a very late date, we accomplished, but not in time to have the Journal issued when due, much less to enable us to get a proof of these articles. They were, therefore, both published as they best could be, without the manuscript even being copied, or any proof (by us at least) being read. We do not intend by these remarks, to cast any reflections upon the printer, as they were more or less cut up with interlineations and *obliterations*, but simply to account for, if not excuse, several errors which appeared in them.

A very striking example will be found on page 119, 13th line from bottom, where the word *inflamed* is used for *uninflamed*.

On page 169, 5th line from top, the word *smith* should be *part*. On the same page, 10th line from top, the word *however* should be inserted between the words *cases* and *than*. 21st line from top, the word *them* should be *their*. In the 11th line from bottom, same page, the word *objections* should be *objectors*. On page 171, the proper name written *Procostes*, is referred to the bottom of the page, and its orthography changed. Although this change was made in the manuscript, it was by no means intended for publication in this way. In looking over the manuscript hastily, this word struck our attention, and it was thus referred to the bottom of the page, with a query, to call Dr. Harris' attention to it, on whom we have generally relied to read the proof, he being on the spot, and having the immediate supervision of the Journal.

We can only say, in reference to this change, that we regret its occurrence in the Journal, and trust that our explanation will be satisfactory to the gentleman in whose writing it occurred. Page 178, 17th line from bottom there is a typographical error in the word intended for Mallan. Had any of the above inaccuracies had reference to any but ourself, we should not have noticed them specially. W.

Report of Committee appointed to visit Members of A. S. D. S. in New York.—We are requested to state that when this committee called on A. W. Brown, Dentist, of Park Place, that he stated that he *never had used a particle of amalgam in any way for dental purposes, and never would*, but did not wish to sign a pledge not to do so. In the report, as published, Mr. B. is represented as stating that he was in the habit of using it, and as objecting to sign a pledge not to do so. We regret this error in the report of the committee, and are sure it was unintentional on their part.

Incorruptible Teeth.—At the last meeting of the American Institute, held in the city of New York, a GOLD MEDAL was awarded to Dr. James Alcock for the best specimens of incorruptible teeth, exhibited on the occasion. The teeth manufactured by Dr. A. are now becoming too well known to require such recommendation, to secure for them the confidence of the profession.

Omitted Article.—We regret, exceedingly, that we are prevented by want of room, from copying from the Medical Examiner, the report of a very interesting case from Dr. H. We had intended to have copied it in the last number. It shall appear, however, in our next.

THE AMERICAN
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Vol. VI.]

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[No. 4.

ARTICLE I.

Dr. C. C. Allen's Letter in Reply to our Remarks in Vol. 6, No. 2, upon the "Resolutions of the American Society of Dental Surgeons, in Relation to the Use of Amalgams for Filling Teeth."

WE have been long wishing to hear through the Journal, from some of those who take exceptions to the action of the Society, upon this subject, and we are certainly glad that as clever a man as is our correspondent, has volunteered to set forth the objections to the views and action of the Society, and to defend the position taken by those who dissent from these views and the corresponding action. Few men would have managed this subject more adroitly, or come nearer to making a good case out of a bad one.

Such is the ingenuity displayed, and so fascinating is his style, that its first reading well nigh forced us to conclude we had hitherto been in error upon this subject. But we were not quite willing hastily to relinquish views long entertained. We therefore gave it a second and more careful reading, and, although we lost none of our admiration for the style and temper in which it was written, yet we discovered much more from which we feel bound to dissent.

This subject has already occupied so much space in the Journal, that we feel somewhat reluctant either to tax its pages

or our subscribers with its farther discussion; yet as the forthcoming number immediately precedes the next annual meeting of the Society, at which we hope this subject will be finally disposed of, we shall embrace this opportunity to notice briefly some of the positions taken by Dr. Allen, in the letter above alluded to, in behalf of himself and friends.

His very first position, and one upon which his whole argument rests, is a position from which we beg leave most unqualifiedly to dissent. We cannot, indeed, refrain from expressing our unmixed surprise, that any one could take this position, after all that has been said and written upon this subject. He says, "First let me inquire what was the ground upon which the *American Society of Dental Surgeons* first took their action against amalgams?" The doctor answers his own question, by first telling us what was *not* the ground, and secondly, by informing us what it *was*. "It was *not*," he affirms, "that a majority believed that amalgams were, in all, or in a very large proportion of cases, in which they are carefully used, productive of bad results, either to the teeth or the constitution" * * * * *. Secondly, he informs us in relation to the ground upon which the Society *did* take up arms against amalgams for plugging teeth. His language is as follows: "they," (the Society,) "had seen that there was a large class of men in the country, calling themselves dentists, who, either through ignorance or empiricism, were using and recommending amalgams, as better than gold, or tin, in cases where only gold was admissible, and that *these* men were doing great injury to their patients, and bringing reproach upon the dental science, and upon all practicing dentists, the honest and intelligent, as well as the ignoramus and the empiric. It was a measure of self-defence—they saw that, as a whole, taking the operations of the good and the bad together, the amalgam was doing infinitely more hurt in the hands of the latter, than good in those of the former, and like the reformers in the noble cause of temperance, they resolved that henceforward they would have nothing to do with it."

These very extraordinary assertions in relation to the doctrines held by the American Society, relative to the use of amalgams, at the time, and since their first action in regard to them,

is to us, we confess, a piece of information. We had supposed that we had kept pace somewhat with the doings of this body, but if Dr. Allen informs us correctly, we are altogether in the back ground. Not only so, but if the doctrines of the Society are in fact as they are set forth by the gentleman above named, we shall not only agree with him in the opinion that "the Society have transcended their powers," in this prohibitory act, but they have overleaped the bounds of common sense and common prudence. But before coming to so rash a conclusion, let us examine the sentiments which have been from time to time expressed by the Society, and which, unfortunately for Dr. Allen's position, have been duly recorded.

The first specific action or expression of sentiments of the Society we find recorded upon this subject, are embodied in a resolution passed at their annual meeting, held in Philadelphia, Aug. 1841, and is as follows: "The committee, Drs. E. Parmly, E. Baker, S. Brown, C. A. Harris and J. Parmly, to whom the duty of reporting on the use of lithodeon, mineral paste, and all other substances of which mercury is an ingredient, for stopping teeth, reported, that the use of all such articles *are hurtful both to the teeth and every part of the mouth*, and that there was *no tooth* in which caries in it could be arrested, and the organ rendered serviceable by being filled, in which *gold* could not be employed. The report was *unanimously* adopted by the *Society*." Now it strikes us that this resolution does not tally very well with the statements above quoted from Dr. Allen's letter. The above resolution most clearly and most *unqualifiedly* sets forth a two-fold objection to this article being *ever* employed by *any* one. First, the resolution declares the article "*hurtful both to the teeth and every part of the mouth*;" and secondly, that no exigency can occur, where its use is demanded, or "*where gold could not be used*."

Again, in Aug. 1843, the Society *unanimously* declare "the use of mineral paste, in plugging carious teeth, to be *malpractice*." These very sentiments were again repeated, more strongly if possible, at the annual meeting in 1844 and in '45, and in every case these sentiments were adopted, *unanimously and without qualification*.

How Dr. Allen can, then, in the "face and eyes" of this record, declare that the Society did not take action against amalgams on the ground of believing them hurtful in all or in a very large proportion of cases, we cannot readily see.

But he informs us, secondly, that the Society *did* set their faces against it because it was used by many who did so through "ignorance or empiricism," and because it was doing more *harm* in the hands of the empiric, than *good* in the hands of the judicious practitioner. Although, after quoting the above resolutions of the Society, nothing more need be said to show that the reasons assigned by Dr. Allen, for the action of the Society against amalgams, are not the true ones, yet we will for a moment suppose them such, and examine some of the conclusions which must inevitably follow. We fear that Dr. Allen himself would shrink from many of the consequences of his own suppositions. For a Society to proscribe any article, simply because it does more mischief in the hands of quacks, than good in the hands of an opposite class, would be the height of absurdity, and proof positive that such a Society was incapable of bettering any cause, however good their intentions.

On such a supposition, well may Dr. Allen suppose that "*lobelia inflata*" would be unjustly condemned and proscribed, as a noxious weed. The fact is, that proscription based upon such grounds, would strike from the *materia medica* every powerful remedy which now has a place there. "*Lobelia*" would by no means occupy a front rank in the march to exile. It can hardly be doubted that even at the present time, when the science of dentistry has been brought, in many of its departments, well nigh to perfection, a time when dental surgery can boast of scattering blessings on every hand, that more misery is caused by *bad* operations, than there is benefit conferred by *good* ones. Dentistry might therefore, in one sense, be regarded as a positive evil, and on Dr. Allen's supposition, it would be just as reasonable for a Society to proscribe the *whole* practice as *mal-practice*, as on his supposition to claim they had condemned a single item, on the self same principle.

We therefore assert, without fear of contradiction, that neither our correspondent, nor any one else, can find a single paragraph

or sentence on record, which will for a moment countenance the supposition that the American Society of Dental Surgeons condemned and proscribed amalgams, on any other supposition than that their tendency is *uniformly* prejudicial both to the teeth and mouth—that they cannot, as has been clearly demonstrated, be efficient in arresting decay—that they are never called for by any exigency whatever, and that they are liable, under peculiar circumstances, (which no man can foresee,) to produce dangerous and even fatal results.* We say, then, that they have never, as a body, recognized any “*judicious use*” of amalgams.

Any other supposition is not only contrary to every record upon this subject, but is wholly *incompatible with their action in respect to it*. Nor have they recognized any class of cases, which its advocates denominate “*certain cases*,” as constituting an exception to their sentiments in regard to amalgams. We know a man of some repute, who claims that *he* only uses amalgams in “*certain cases*.” We have in our possession drawings of several mouths as left by him. One of them may be thus described: On the under jaw, this patient had lost the crowns of the first and second molars on the left side; the roots of each remained. In the anterior side of the third molar, and also the posterior side of the second bicuspid, were very large cavities. Not only were these cavities filled with amalgam, but also the intermediate space, to a level with the tops of the teeth on either side, making a perfect wall, bounded on the one end by the sapient, and on the other by the second bicuspid, and resting on the gum, and the end of the fangs of the first and second molars. The cement had remained in this situation some three or four weeks, when we were consulted in respect to the case. At this time, extensive ulceration had occurred in the adjacent soft parts, and a very copious discharge of offensive pus was constantly going on. But we have described this case sufficiently for our purpose. The operator who placed this cement in this situation, claimed and still claims that he only uses paste “in

* For proof of each of these positions, see an article in the Journal, Vol. 4, No. 3, p. 175, &c.

certain cases," and we are inclined to believe him, if this phrase is to be placed in contra-distinction to *uncertain* cases, for surely there was no *uncertainty* connected with it. We do not introduce this case, however, intending to carry the idea that this is the practice of all who use amalgams, but simply to show, that should a Society prohibit its use "except in certain cases," it would be no prohibition whatever—nay, it would be nothing less than a perfect burlesque.

We might here safely close our review of Dr. Allen's letter, as nearly all his subsequent remarks and inferences are intimately connected with, and mainly depend upon his first position, which we have shown not to be founded on facts, nor on even a reasonable hypothesis. But as his communication notices several objections to the proceedings of the Society, which have been also urged by others, and probably will be, by all who refuse to comply with the requirements of the Society, we shall give them a passing notice. We will next notice Dr. Allen's great surprise on receiving the protest of the Society. He says, "just as we were congratulating ourselves upon the restoration of harmony among the different members, lo! its ghost appeared in the form of a protest." Was this an unlooked for document? It certainly is to be presumed that Dr. A. knew what action was taken upon this subject by the Society, at the last meeting. He was present more or less during the session; and it would be unreasonable to suppose that he did not learn the result of the deliberation, after taking a deep interest in the subject. If so, he must have known that certain resolutions were passed upon this subject, and among others, one which stated definitely, that such a circular should be issued by the Society, and sent to every member for his signature. It directed "that the recording secretary be requested at the same time to transmit to the several members as aforesaid, *a printed protest or certificate, in accordance with the above named resolutions,*" &c.

Now, on the supposition that Dr. A. knew what resolutions were passed at this meeting, we are constrained to conclude that he not only expected that *a* certificate would be presented, for his signature, but that he also must have known precisely

what *kind* of a certificate this would be, viz. one *in accordance with* the resolutions, which were in every particular most explicit. But we are not wholly left to conjecture upon this point. In a note to Dr. A's letter, he informs us that three, viz. John Lovejoy, Geo. E. Hawes and Chas. C. Allen, communicated to the Society their intention to discontinue its use for the future, and speaks of the circumstance that these communications were not published with the transactions of the Society, as "manifestly unfair." We will now correct this oversight as far as possible, by giving these communications a place here. We shall learn, moreover, from Dr. Allen's communication on this occasion, that he was by no means ignorant of the deliberations of the Society upon this subject. His letter reads as follows :

"Mr. President, and Members of the American Society of Dental Surgeons :

"When first I learned that for the purpose of suppressing malpractice in dentistry, this Society had decided that *each and every member should pledge himself, by his signature, not to use the amalgam upon the teeth, in any case whatever*, I did not see how I could consistently comply with the requisition, for the following reasons :

"1st. I considered it unwise and arbitrary for this Society to pass a resolution that a certain course, which many of its members were pursuing, was malpractice, and disciplining those members, without proving that injury had been done to their patients by such practice.

"2d. From circumstances which had come to my knowledge, it appeared to me like exposing the quarrels of some members of the Society, who had to contend with rivals who were in the practice of using this proscribed article, which, if true, I considered incompatible with the high and dignified stand which I wished this Society to take.

"3d. I could not but consider it an unwarrantable attack upon the practice of many members of the Society, who were honestly using the amalgam for the benefit of their patients.

"4th. I doubted if it would produce the desired effect—that of suppressing quackery and imposture—and feared that the many educated and honest dentists, not members of the Society,

who are daily using the mercury and silver, would plead to their patients, and at the bar of public opinion, which I have always thought was in favor of a limited use of the amalgam, that the American Society of Dental Surgeons was proscribing and persecuting them, because they would not become members, and submit to be dictated to by the Society.

"5th. I had myself used the article for more than eight years, never from choice, but only when I could use neither gold nor tin; in all these cases I had used it experimentally, watching the effect of the operation with great care, and I can now truly say, that I have never seen any bad effects result from its use, which I have not seen from the use of both gold and tin; but that, in many cases, it has preserved the teeth, strengthening and making them useful organs of mastication for many years. Entertaining these views, I felt exceedingly unwilling to abandon the use of the amalgam; but as many of the members of this Society, who have used this article more than I have, and for whose opinion I have the highest regard, have decided to use it no more, and as I do not wish to impose the slightest obstacle to the success, union and harmony of the Society, I cheerfully consent to do the same, hoping that all the members will feel the importance of making mutual concession, if they would be a happy, useful and prosperous Society.

"Very respectfully,

CHAS. C. ALLEN."

The following is the communication referred to, from John Lovejoy:

"Brothers of the American Society of Dental Surgeons:

I was present this morning, when the letter of our worthy brother Dr. Allen was read. It contains exactly my views in relation to cement and its use. I, with him, hereby cheerfully say, that I will henceforth use it not—not because I consider its use, under all circumstances, malpractice, but because I consider it my duty to make concessions to the honest views and desires of a majority of my brothers of the Society, and to give greater efficiency to its acts. Be assured, my brothers, that I

have none but the kindest feelings towards every member. My heart and hand shall go with you.

[Signed,]

JOHN LOVEJOY."

"New York, 8th Aug., 1845."*

Next in order, Dr. Allen calls in question the constitutionality of this act of the Society, and in doing this, he certainly starts with a very fair proposition—one which he may, not only with a great deal of assurance, but with no less of reason, presume that no one will deny. To all his deductions, however, we are not quite so well prepared to yield a ready assent. He says, "I presume it will not be denied by any member of our Society, that the first law of our association, under which it was formed, and without which it could not well exist, is the *constitution*, and that all the provisions contained therein are inviolate, and cannot be changed, except in the manner prescribed therein." "If this proposition be true," he adds, "then it follows that no resolution passed by a majority, I care not how large, is of any binding force upon the members, if the *principle* contained in the said resolution conflicts with the *principles* laid down in the constitution." This we fully grant, and shall take the liberty to add another deduction, which *we presume* will not be denied by any member of the Society, viz. any resolution passed by the Society, *not conflicting* with the spirit and "true intent" of the constitution, *is* constitutional, and *is of binding force* upon every member.

Now the formation and existence of any association necessarily implies an object or a *main end* to be gained. The constitution of such society, including its preamble, is merely to set forth such object and embody such general rules and precepts as shall govern such society in securing such object. An association may, it is true, have secondary purposes, but these must be collateral and tributary to the main end—certainly they must not conflict with it. We may illustrate our proposition by familiar cases. For example, a religious association might properly deny membership to one who was intemperate, for the very obvious reason that intemperance conflicts with the object

* Dr. Hawes' letter is not in our possession.

of the association ; but, on the other hand, a temperance association could not, with any show of justice, return the compliment, for the simple reason that, although there can be no higher object than the promotion of true religion, yet it is not *essential* to temperance. Nor could either society refuse membership to a man, in other respects eligible, on account of his *political* faith. Nor is it necessary that these specific cases be mentioned in the constitution of the society, or creed of the church, 'tis enough that the transaction harmonizes with their spirit and intent. Let us now inquire, what is the main object or end of the American Society of Dental Surgeons, and whether their action upon the subject of amalgams is at variance with their prerogatives, according to the true intent of the constitution. If it is, then have the Society "transcended their powers;" but if not, their measures are constitutional.

The object which this association had in view at the time of its formation, and which of course remains the same, is distinctly set forth in the preamble to the constitution. This, after enumerating several important aims, sums up the whole, both as to the *object* and the manner of attaining that object, in the following brief but explicit language, viz. the object is, "*in fine, to give character and respectability to the profession, by establishing a line of distinction between the truly meritorious and skilful, and such as riot in the ill-gotten fruit of unblushing impudence and empiricism.*" We have only now to inquire whether fellowshiping those who persist in a practice which the Society have declared, time and again, to be *unqualifiedly mal-practice*, would be in accordance with the object as above set forth ; or rather, whether it would not be in direct violation of that object.

But we are very gravely told, that the Society have no *right* to condemn *any* practice, "*a priori*," as malpractice ; that it "would establish a precedent fraught with innumerable evils." Our correspondent greatly fears that if the Society condemn the use of mineral paste, "*a priori*," and expel members for this practice, that "another batch will probably be expelled, whenever the Society see fit to correct the abuse of arsenic"—"the turnkey," &c. Now to such logic we think there is a two-fold objection. That a society, whose *main end* is to correct abuses

connected with the dental profession, should be denied their prerogative to correct one abuse, because it would be establishing such a precedent as would require them to attack a second, and a third, is a doctrine new and peculiar, to say the least. For our own part, when the proof is as clear that "arsenic," "the turnkey," "kreosote," or any other article, is never called for, is never efficient in accomplishing the end for which it is used, is uniformly bad in its tendency, and liable, moreover, to produce dangerous results in the hands of *any* practitioner, as it is relative to these objectionable features of amalgams, then we shall certainly give our vote, not only to condemn them, but to expel such members of the Society as persist in their employment.

But we are still of the opinion, that the Society *have a right* to condemn a *practice* on good evidence, notwithstanding "our friend, the doctor," thinks the constitution expressly "secures to each member the right to advocate any principle or *sentiment* connected with dentistry." The following quotation from the preamble, he makes to justify this conclusion, viz. "that one of the objects of the American Society of Dental Surgeons is to *advance the science* (of dentistry) by *free* communication and interchange of sentiments," &c. Here the preamble very clearly presents the main end, *the advancement of the science of dentistry*, and it as clearly sets forth the *object* of this "*free communication*," which is to secure the attainment of this main end. Now we inquire whether it is probable that the framers of this instrument anticipated the doctrine Dr. Allen contends for, as coming appropriately under the provision which he quotes. Did any individual ever *advance the science of dentistry*, by contending that mineral paste might, under any circumstances be used for filling carious teeth? Or has any one "advanced the science," by the *use* of this "untempered mortar?" If this is the way to advance the science, or it can be shown that a practice requiring less skill to command it fully than that possessed by a common mason, and bad in its every tendency, ever added any "character or respectability to the profession," then we will cheerfully concede the ground that the *constitution does* secure to all the privilege not only to *advocate*, but to *use* mercurial paste, to any extent that any member may please; but till then we shall subscribe to no such doctrine.

Most truly would it be wrong and arbitrary to suppress light upon *any* subject, before its real merits and demerits were fully exhibited. The constitution justifies no such doctrine, nor have the Society attempted to enforce any such sentiment. No man can claim that this subject has not been fully open for discussion; indeed, it has occupied already more pages of the Journal than any other subject. The same is true of it, as connected with our annual meetings. But a time arrived when its merits were deemed no longer worthy of discussion. It was decided that the time and attention of the Society devoted to this subject was wasted, after the practice in question was, on satisfactory evidence, *condemned*. The only remaining question, so far as the Society was concerned, was how to dispose of it, or rather how to free their ranks from its contaminating influence. This they decided to do by issuing the circular alluded to. Now it is a curious fact connected with the history of this matter, that notwithstanding this practice was attacked on all hands, and its deformities faithfully shown up, year after year, yet not an advocate appeared to defend it, till after the passage of such a law as necessarily compelled its members either to abandon it, or leave the Society. And it is more curious still, that notwithstanding every member who did *actually* use this article for dental purposes, by the Society stood charged with malpractice, year after year, yet not a single member, to our knowledge, made the least resistance to this *now* "arbitrary" decision and charge, till matters were so arranged that every member was compelled to take a stand. But no sooner did the Society decide that the house should be divided, and adopt measures which required each member either to abandon mineral paste or relinquish his membership, than the hue and cry was raised of persecution, of its being an unconstitutional condemnation. But it seems to us, that such objections, at this late day, based on the pretence that it is attempting to enforce a "gag-law," by denying the right of that "free communication" which is claimed to be guaranteed by the constitution, is the height of absurdity. It would be just as reasonable for a member of the legislature to complain that the passage of any given law was *unconstitutional*, because they did not leave it open for discussion, after it

had become a law. It is an old saying, that "there is a time for all things"—a time to discuss a law, a time to enact it, and a time to execute it, and we consider the resolutions passed by the American Society, during its last session, as in their nature and tendency wholly executory. Now it seems to us, that if those whose right it was, have failed both during the discussion and during the action upon it, to dissent from any law, that it is not a time to complain of it after it has become a law, and is being executed, especially on the ground that it should be still open for discussion. This would indeed, as applied to the question raised by the advocates of mineral paste, be an accommodating feature, as it would leave them free to use it while a discussion would be perpetually kept open. The unpleasant alternative of either abandoning the practice or membership would never be enforced. But this principle, applied to our civil laws, would, as all must see, be equivalent to abolishing all law. Deny the right to execute laws, and you may, with equal safety, dismiss our legislators, and make a bonfire of our statute books. But to return to our examination of facts and circumstances connected with the transactions of the Society.

Is it in any sense fair to presume that it is construing the constitution according to its "true intent," by giving it a construction which makes it sanction, nay, recommend, a practice or its advocacy, which the Society, including those who framed the constitution, have, time and again, declared to be malpractice? Have the American Society of Dental Surgeons been so weak, or so far destitute of sagacity, as to adopt a constitution *necessarily* conflicting with the attainment of one of its chief objects? And we here repeat what Dr. A. objects to in our former communication, that the decision of the Society, in respect to this practice, viz. that it is malpractice, "every member was as much bound to adopt as any precept either in the constitution or by-laws." And why? because it involved a principle necessary to be sustained, in order that the Society might secure one of their most prominent objects—the suppression of quackery. Is not every member bound to assist in carrying out the *objects* of the Society? To subvert this position,

Dr. A. reasons thus: "Now suppose a resolution were to be passed by the Society, that in its opinion hereafter the Society had better meet every year at Baltimore, instead of New York, and that one of you gentlemen, being a northern man, should vote in the negative, would you be as much bound to adopt this *opinion*, as any precept in either the constitution or by-laws?" We answer, no, by no means. There is an entire want of parallelism in the two cases. The one embraces a doctrine necessarily connected with, and involving the security of the main ends of the Society; the other has nothing whatever to do with them. When Dr. A. will show us that for the Society to meet at *any* given place is requisite, in order to secure the plainly avowed objects of the Society, then will we assent to his logic, and shall, moreover, contend that this would create a bond upon each member. Dr. A's next position, relative to the rights of a member of a church, in respect to his views upon the use of wine at the communion table, may be disposed of in the same way. There is no parallel between expelling a member of the American Society of Dental Surgeons, for a practice *never* in good repute, and excommunicating a member of a church, for a belief based on sacred writ. Indeed, the question, so far as our acquaintance extends, has never been, whether wine, in the ancient meaning of the term, should be proscribed, but simply whether our *manufactured* article, called wine, was a fit *substitute* for the juice of the grape—the article which was undoubtedly originally used and sanctioned by scripture.

But let us examine this doctrine of condemning a practice "*a priori*," in another light. Would a legislature have a right to condemn it, and to pass a law, making the use of this article for dental purposes a penal offence? We think no one will deny such a right to the legislature. We will suppose, then, such a law to be in effect, and an individual was accused of the offence, we ask, what would be the inquiry instituted? would it be how much damage had been done, or rather would it not be simply whether the individual was guilty or innocent? The former question could only come up as a measure of the punishment, but punished he must be to the minimum limit, without any reference to such an investigation. Now there are

some practices connected with the medical profession, which have been thus acted upon by the legislature. The practice of producing abortions, when not necessary to save the life of the mother, has been deemed by our legislature a penal offence. Every medical society views this practice in the same light, and of course expels its members for such an offence. But is legislative action necessary to give a medical society power to condemn this practice as bad? Certainly not. But rather, has legislative action been based on testimony coming through this avenue—the concurrent and joint testimony of the profession. But even laying aside every foregoing consideration and calling it an “unprecedented act,” we claim that the constitution gives the fullest liberty to condemn the practice, and expel members under that decision. Now the Society contemplates such a thing as malpractice, and fully provides for expelling members therefor. A practice may be such, either by using bad materials for any given purpose, or by using good materials badly. Now suppose any member should habitually plug lateral cavities in front teeth with *gold*, and perform the operation by pressing it in firmly between the teeth, and rely upon each tooth to hold the gold in the cavity of the other, would not the Society have the power to condemn such a practice “*a priori*?” Or would they have first to *try* each member guilty of such practice, and find how much damage he had done by his operations? Suppose again, that a member should be found, who should be in the practice of *transplanting teeth*, would Dr. Allen contend that this practice could not be condemned “*a priori*?” By admitting everybody into our ranks, and retaining all, we might perhaps produce *union*, but not “harmony,” at least we think not that kind of harmony which our friend considers one of the leading objects of the Society. If the *Society* have not the power to decide what is, or what is not malpractice, then there can be no umpire. If she has not the power to decide upon the merits of a practice, and to expel members under such general decision, she certainly has not the power of existence; for the supposition that she must be compelled to travel over the whole globe, whither her members are scattered, and to hunt up individual cases, and “*prove* that wrong has been done,” after it is

fully established in respect to the *whole* practice as such, that it is uniformly bad, would be "nonsensical and absurd." But the constitution not only declares that members may be expelled for malpractice, but also that they may be expelled "for *other sufficient cause*." Now if Dr. A. is disposed to scold us for denouncing the use of mineral paste as *malpractice*, we will accommodate his taste, by putting this practice under the head of "*other sufficient cause*" for expelling a member. Now who are to decide what constitutes such a cause? The Society have unanimously decided what constituted, in their minds, a sufficient cause, and have, as we think, acted accordingly. Now the truth is, that the framers of the constitution, foreseeing the absolute necessity that the Society should have the most ample powers vested in them, to purify their ranks, after making what might be deemed full provision for this, superadded this indefinite clause, that there might be none who could evade its decisions, confined under definite heads; and we contend we are fully justified in saying this covers all the ground we claim, were we to abandon every other.

There can, then, exist no reasonable doubt that the Society have a right to condemn a practice, and of course to condemn the practice in question; nor is there any more doubt in respect to the right to expel members for persisting in a course which they have condemned.

But Dr. Allen has found another "lion in the way," or as we may better say, another "straw," which he holds on to with a lion's grasp. 'Tis an old saying, and as true as old, that "necessity is the mother of invention," and it is only on this principle that we can account for the extreme ingeniousness of the inventions of our correspondent, to make it appear that the Society have acted unwisely and unconstitutionally, and hence that their action is not of binding force. He has now found a flaw in the *manner* in which this business has been done. He says these persons "were either expelled at the last regular meeting, or they were not;" "if they were not expelled," he adds, "then they cannot be till the next regular meeting." But has not "our friend, the doctor," with all his erudition upon legal criticism, heard of such a thing as conditional expulsion, to take

place in future? Suppose a society of the Sons of Temperance find that one of their members has broken his pledge, would not this association have an undoubted right to declare him expelled, unless he renew his pledge, and make certain acknowledgments by a certain time? Would it be necessary *actually* to expel him, and then go through the process of again receiving him, should he comply with the requisition, in order to have the thing done constitutionally?

How common is it that a member of a church is thus suspended—to be, on some future day, either restored to full fellowship by compliance, or cut off by non-compliance with a similar decree.

A case involving a similar principle in respect to conditional punishment, occurred not long since in our own state, where the consequences were much more momentous. A man was charged with crime, tried, convicted, and sent to Auburn state's prison. Governor Seward pardoned him, *on condition* that he would leave the state, and never return; but that, in case he did return, his original sentence was to be in full force. Now this man obtained his liberty under this conditional act, and left the state; but at length, feeling that his liberty was curtailed, ventured to return. The result was that he was retaken, and by virtue of his original sentence re-imprisoned. Now Dr. Allen's reasoning, applied to this case, would evidently be this: This man was either pardoned, or he was not; if he *was* pardoned, then the simple act of his refusing to leave the state could not make him again a criminal under sentence, till he had a new trial and a new sentence; if he was not pardoned by this conditional decree, then his leaving the state, (allowing he might effect his escape,) would not remove the sentence of the law. But notwithstanding the sageness of such a doctrine, this man was released by virtue of this conditional pardon, on his compliance with the condition, and was again imprisoned on his forfeiting this condition, and this too, without any new trial for the crime.

But why need we travel abroad for precedents and authority, when we have both in abundance at home. The constitution of our own Society gives explicit and full power to expel con-

ditionally, and by virtue of this power the Society have expelled several of its members.

The treasurer has at all times had the power to "strike from the roll" those members who, "on being notified, neglect to pay their annual dues for three meetings" of the Society.* At the last annual meeting several were reported as expelled, in consequence of this neglect to pay dues, and they now stand recorded as expelled.

But we will not waste words upon this part of our subject. Dr. Allen admits that the Society had a right to expel these members at the last meeting, it being a "regular meeting," and for him to complain of the very *lenity* shown by the Society, that all might have ample notice and time to decide as to the course they preferred to take in this matter, and moreover to make it a ground of unconstitutionality, is a feature we are at a loss to know how to construe, unless we take him at his word, and adopt the belief that he is *still* "exceedingly unwilling to abandon the use of amalgams," while he is at the same time as "unwilling" to be deprived of the distinction which membership gives him.

We would not be uncharitable, yet we can truly say, that in our circle of acquaintance we have never seen an instance where an individual considered it his privilege even to *advocate* the use of amalgams, where his reputation was not to a considerable extent identified with this practice, and where his reputation would be implicated were the practice to be condemned.

ARTICLE II.

Observations on the Evils Resulting from the Premature Application of Artificial Teeth on Plate, with Clasps, Obturators, Palates, &c. By JOHN HARRIS, M. D., D. D. S., late of Georgetown, Ky.

THE resources of art, in supplying defects of the body occasioned by the ravages of disease, or physical or accidental causes,

* Art. 4, sec. 3, Revised Constitution.

have for a long time been called in requisition, and been attended with various degrees of success, according to the mechanical tact and skill of the surgeon. Much time and talent have been employed in perfecting this department of physical alleviation, especially during the last half century, and rendering it more subservient to the various and complex demands of human affliction.

But the few desultory remarks which I propose to make on the present occasion, will be confined to those cases of deformity, the treatment of which properly belongs to the province of dental surgery, and in doing this, I propose to offer some reasons why the management of such cases should be exclusively confined to practitioners of this branch of the curative art. I allude to defects of the palatine organs, which cannot be remedied by any other than mechanical means, and the application of artificial teeth on plate, &c.

As important as is perfection in the design and execution of all such substitutes, it is equally important that their adoption and use should not be ill advised or premature. The necessity for preparatory treatment, in a large majority of the cases in which essential benefits, if not permanent, might be obtained from their employment, is indispensable, though too frequently it is wholly disregarded or neglected; and when attended to at all, often in a very imperfect and unskilful manner.

In view, then, of the important consideration involved in the treatment of defects of the palatine organs, which can be remedied only by the application of mechanical appliances, it is as necessary for the dentist to be well versed in pathology and therapeutics as it is for the general surgeon. It is alike important to both, and neither can be successful practitioners or safe operators without such knowledge. In supplying the loss of the teeth or any part of the mouth, preparatory treatment is as essential as in the surgery of any other part of the body, and in proportion as such treatment may favor the recuperative powers of the organism, may the operator hope, *cæteris paribus*, to be successful. If, in view of these truths, the mere mechanical dentist would be governed by the maxim, "little boats should keep near the shore," he would do much less mischief than he many

times does ; but this is by no means the case ; on the contrary, as a general rule, the greater his ignorance the more he ventures.

A large number of the cases confided to the care and management of the dentist, present a complication of diseases, often involving different and complex tissues, accompanied by more or less general or constitutional derangement. In cases of this sort, and they are of daily occurrence, anatomical, pathological, therapeutical and surgical knowledge is as necessary as mechanical, and therefore they should constitute a part of the elements of the professional character of every dentist.

Such knowledge will reveal to the dentist the nature and causes of the disease or diseases he may be called upon to treat, as well as their proper curative indications. It will also enable him to judge correctly of the necessity and practicability of supplying the loss of the teeth, or of other parts of the maxillary or palatine organs, as well as of the best manner of doing it, and also of the necessity of preparatory treatment, which will often be found to contribute, in an eminent degree, to the usefulness of the artificial appliances he may find it necessary to employ.

There is no branch of manual medicine more difficult than the manipulations of the dentist, and it is seldom that he meets with two cases presenting the same similarity of circumstances. Every new case connects with it some feature or characteristic he may never have noticed before. Hence the difficulty of describing minutely the course most proper to be adopted in each case. This can only be determined by the judgment and experience of the operator.

Preparatory to the application of any dental or palatine substitute, every part of the mouth should be in a healthy condition, and to secure which, it is necessary to extract such of the natural teeth as may be productive of irritation, and to adopt other local and sometimes constitutional treatment. A sufficient time, too, for the parts to undergo all the changes which result in consequence of such treatment, should elapse before the substitute is applied. Months are often required for the completion of these changes, and they frequently give rise to a greater or less change in the position of the teeth contiguous to the vacancy created by the loss of those that have been extracted.

The anomaly thus occasioned demands special consideration on the part of the dentist ; it is one that should never be overlooked or lightly appreciated, as the premature substitution of the parts by art would be of no permanent utility, but, in proportion to the subsequent changes in the parts to which the appliance is adapted, would lose its fit, press unequally upon, and become a source of irritation to them. A very trifling undue or unequal pressure, applied even to a sound and firmly articulated tooth, will soon cause it to change its position, and if continued for any considerable length of time, will impair the integrity of its socket, and ultimately destroy the organ. The soft parts too, to which the substitute is adapted, also suffer from its unequal pressure upon them.

Less injurious results could not be expected from a practice so much opposed to the laws of health, although it is frequently resorted to, and pursued to some extent, by men who stand high in the profession. I allude to the application of artificial teeth, mounted on plate, and secured in the mouth with clasps attached to the adjoining natural organs, immediately after the removal of the teeth for which these are substituted. As a general rule, therefore, this practice cannot be regarded as either scientific or judicious, and the practice of applying temporary substitutes for the loss of the natural teeth, when they are to be retained in the mouth by means of clasps, should never be resorted to, except in cases of absolute necessity. If it were necessary, I might mention several cases which have fallen under my own observation, in which sound teeth have been destroyed by the premature and injudicious employment of clasps.

But there are cases in which the application of artificial teeth mounted on plate with clasps, becomes necessary immediately after the removal of the natural teeth, and in such cases the clasps should be made to embrace teeth as far back in the mouth as possible.

The most favorable cases for this description of dental substitutes, and the same may be said with regard to artificial palates, are those in which good, sound natural teeth can be had to serve as a support to them. Therefore, every precaution should be observed and means employed to secure this object, for upon

the attainment of which will the permanent usefulness of the mechanism depend.

The following case, which came under my observation a few months since, and if it were necessary I could adduce many other similar examples, will illustrate some of the bad effects liable to result from the premature application of artificial teeth mounted on plate with clasps.

The subject of which was Mr. L., of a little upwards of thirty years of age, scorbutic temperament, teeth originally tolerably good, but from delicate health they had become so much impaired by caries as to render the extraction of the superior incisors, cuspidati and bicuspidates necessary. This operation was performed some time in September last; some two or three weeks subsequently to which they were replaced with artificial teeth, mounted on a gold plate, accurately fitted to the parts, and confined by means of clasps applied to the second molars, which at the time were perfectly sound. About four months afterwards, he informed me that he had experienced no inconvenience from the teeth, but on examination of his mouth, I found those portions of the molars embraced by the clasps, and exactly corresponding with them in length and breadth, were very much injured by soft, white caries, which was very sensitive to the touch, while the character of the caries which I at this time observed in several of his other teeth, as well as that which had destroyed those previously extracted, was of a dark brown.

That the retention of the secretions of the mouth between the clasps and the teeth to which they were applied, was the cause of the caries, is very evident, but in a healthy mouth, their action would have been comparatively harmless. At any rate, they would not so readily have acquired such corrosive properties; but even under the most favorable circumstances, artificial teeth thus applied should be removed at least once or twice a day, and the natural organs to which they are clasped be thoroughly cleansed.

In the case in question, the enamel of the teeth was not in the least worn away by the clasps, as would have been the case as its earthy constituents were decomposed, had they been badly constructed and inaccurately fitted.

It is not to be inferred from any thing I have here said, that the mere mechanical dentist is even competent to the management of cases which require no treatment preparatory to the application of a substitute for any of the organs under consideration, for he who is ignorant of the pathology and treatment of disease, must of necessity be equally so with regard to its importance.

As indispensable as it unquestionably is to the practitioner to be able to execute, in the neatest and most accurate manner, a piece of dental mechanism, it is equally necessary to the safe and successful exercise of his professional duties, that he be acquainted with the general principles of medicine.

With regard to the application of artificial obturators and palates, the greater number of the cases which have occurred in my own practice requiring them, have resulted from specific or constitutional causes; and in some of which, when consulted, there was more or less general and local disturbance. The parts were not irritable and inflamed, but in some instances they were in a state of ulceration. In such cases, the restoration of the health of the patient should constitute the first care of the dentist. It would seem almost superfluous to observe, that until this is accomplished, no emergency can justify the application of a plate to the roof of the mouth, yet it is often done. Nor should a plate, whether to serve as an obturator or palate, or support for artificial teeth, ever be fixed in the mouth previous to the full development of the maxilla. The evils resulting from their application under such circumstances are threefold. First, the certain destruction of the natural teeth used as a support to the artificial appliance. Second, the resistance which it offers to the subsequent development of the jaw; and thirdly, the injurious effects arising from the irritation which its presence is sure to occasion.

To illustrate the correctness of the opinion just advanced, I will here give the report of a case furnished some months since, at the solicitation of my brother, Dr. C. A. Harris, and published in the American edition of Fox's Treatise on the Teeth.

ANNAPOLIS, July 28th, 1845.

DEAR BROTHER,

Your letter of this morning, requesting me to send you, by return of mail, a description of the artificial nose and palate which I made for the young lady of Scott county, Kentucky, is now before me, but received too late to enable me to comply with your request, but I will endeavor to do so by the next succeeding mail.

I very much regret, from the novelty and importance of the case, that you had not allowed me more time, but I will endeavor to do the best I can.

The subject of the affliction requiring the artificial appurtenances referred to, is Miss A. C., now about twenty years of age, of high personal and family respectability.

When but little past infancy, she lost her nose and the central portion of the soft and bony palate, about three-fourths of an inch in length, and three-eighths in width, commencing about five eighths of an inch in rear of the front teeth, and extending backwards.

I have no knowledge of the cause that led to the affliction, only that it was preceded by inflammation, ulceration, and general constitutional derangement.

When about twelve years of age, she submitted herself to be operated on for an artificial nose, in Cincinnati, Ohio, by Dr. M., the design of which was to supply the defect, by the transfer of integument from the arm, over the deltoid muscle, called the rhynoplastic or telecopeon operation.

To say nothing of the expense, pain and suffering consequent upon the operation, and the jeopardy her life was placed in, as soon as her health would admit, she returned to her home, in a much worse condition than when she left it.

To add to her misfortune, before she left the city, or had fairly recovered from the effects of the first operation, mortified with her now aggravated condition, as a last alternative, she had a nose manufactured of wood, by a Mr. Rostang, resident dentist of the same city, confined in its position by means of spectacles, and an artificial palate, to which the nose was connected by intermediate fixtures, passing through the palatine fissure.

As might have been expected, the subsequent development of the maxilla and other parts soon rendered the whole apparatus useless, though not until it had destroyed the three teeth which had been selected as a support to the palate, by means of as many rough, badly constructed and arranged clasps.

About four years ago, at which time I was consulted in her case, her teeth and relative parts exhibited the following appearance, viz. several of her teeth, besides the three irrecoverably injured by the clasps, were more or less decayed; some of which quite loose; the gums and adjacent soft parts much inflamed, tumefied and spongy, the dental arch and general dimensions of the mouth, (whatever it might ever have been,) was evidently very much collapsed or contracted, say to nearly one-half of the usual size, as was evidenced by the superior cuspidati, now standing parallel to each other, and nearly in contact, between which there had been the usual number of incisors, and of the ordinary dimensions, and which were lost when she was about ten or eleven years of age.

Although the design and plan of the apparatus was a good one for the accomplishment of the purpose for which it was intended, its premature application was unquestionably productive of the worst of consequences, and to which the contraction of the mouth may principally be ascribed.

Her timidity, arising no doubt from the recollection of her previous suffering, gave me no little trouble in obtaining her consent to the course of practice which I recommended; but after explaining what must soon be her condition; she reluctantly yielded her assent, and permitted me the full exercise of my judgment in the management of her case.

The removal of the three teeth previously referred to, was immediately effected, as also all deposits of salivary calculus.

In about eight week, with the usual treatment, the soft parts of her mouth were restored to health. The local maladies of her teeth were next attended to, and in some four weeks, thirteen carious places, after the usual preparatory treatment, were filled with gold foil.

With the mouth thus restored to health, but one question could arise as to the propriety of supplying my patient with

another palate, &c.; that was, if the maxillary organs have not attained their full development, the same destructive consequences might be produced, as was from the other palate.

From the circumstance of her advanced age, I did not much fear this would be the case, though, had I been governed entirely by my own inclination, I should have deferred all further proceedings to some more remote period, but in this I was overruled, by not only my fair patient herself, but by all her family connections, and as yet I have not had cause to regret the course I took.

I therefore constructed a palate of fine gold, upon the usual plan, with only two clasps, made broad and heavy, one on the left and one on the right margins of the palate, embracing two of the soundest and most suitable teeth.

To the convex or superior surface of the palate, one end of a piece of gold wire, three-fourths of an inch long, was soldered at a point corresponding with the fissure, from front to rear, and on a line extending between the two teeth embraced by the clasps, describing the centre of action; the wire or upright was then bent forward and upwards, so as to pass through the fissure, and present the upper end parallel with, and at a convenient distance from, the anterior opening of the nares; this place of attachment I found necessary, that no unequal or undue pressure might result from the weight and action of the superincumbent parts upon the palate.

A screw was now cut on a platina wire, for one-half inch, made to fit in a corresponding one made through the upper end of the upright wire, on a level with the external opening of the nose; upon the other, or anterior extremity of the horizontal platina wire, a hook or catch was made as a support to the nose, by means of a gold loop attached to the septum of the artificial nose, the tightness of the nose to be regulated by screwing the horizontal wire in or out, and its position by bending the upright backwards or forwards. The length of the horizontal wire is one inch; the size or strength needs no further description.

It is now about four years since the operation was completed, and thus far I have heard no complaint.

Yours, affectionately,

JOHN HARRIS.

If it were necessary, I might adduce numerous examples, in proof of the pernicious effects resulting from the premature application of artificial appliances in the mouth, but the foregoing will suffice for the present.

ARTICLE III.

Case of Fungus of the Inferior Maxillary, successfully Treated.
By D. HARRINGTON, of Philadelphia, Dentist.

THE following case of maxillary disease, from its origin to its removal or permanent cure, was one of unusual occurrence, the circumstances connected with it being duly considered.

The young lady, whose case is the subject of these remarks, Miss M. W., of the Northern Liberties, adjoining this city, was of good constitution, and had been free from any and every symptom of disease, prior to the appearance of this local affection. Her family, as far as known, have been uniformly in the enjoyment of excellent health; of course she could not have been subject to any morbid inheritance.

The following is a concise description, from her own pen, of the rise and progress of the disease, and the remedial operations resorted to, together with their results up to the time of placing herself under my care.

"Some time during the month of April, 1842, I was much troubled with a very severe pain in my back teeth and jaw, on the left side below. I suffered much for some days, and then concluded to have the supposed cause of my affliction removed; and accordingly went to a dentist and had two of my lower jaw teeth extracted. After the lapse of a few days, there appeared upon the surface of the still lacerated gum, a small spongy tumor of a livid hue, which was immediately showed to the dentist, who lanced it; after which it again increased in size, though no pain attended it. After a couple of days, such was its rapid growth, it was necessary to have it cut again—

which was repeated once every two days for a couple of weeks. All this, however, appeared only to accelerate its growth; and becoming, in consequence, quite alarmed, I consulted our family physician, who pronounced it to be a fungus of a very alarming character, and that its proximity to certain parts rendered its extirpation by the knife, (the only alternative in his judgment,) a very critical, if not a very dangerous operation. This opinion, candidly expressed as it was, excited in my mind a great deal of alarm, indeed. Prompted by an excusable desire to obtain other advice, I called upon a surgeon, of high standing in his profession, who requested that our family physician, above alluded to, should meet in consultation; the result of which consultation I did not learn. But he gave it as his opinion that, if it could be cured at all, it could be done without the knife—in other words, that it could not be cured by the knife. He then resorted to the application of a powerful caustic, for two or three weeks, but without any beneficial effect. Under the most fearful apprehensions of danger, caused by the surprising rapidity with which the fungus sprung up, (for it now nearly filled my mouth, and almost precluded the possibility of swallowing,) I resolved to yield to the application of the knife, as a dernier resort, and in accordance with the flattering advice of a second surgeon of distinguished celebrity in his profession, but, I confess, with little faith on my own part in its utility. On the 25th of June, my family and our family physician concurring in opinion, the surgeon last mentioned removed the fungus and a large portion of the *upper part* of the jaw bone on the left side, as far back as it was practicable. The pain of the operation, together with the great flow of blood, left me in a very weak state, and confined me to my bed for two weeks. After this I was able to open my mouth, so far only as to permit a partial examination of the state of my case; and, to the great surprise of all parties, the fungus was discovered to have sprung up again, nearly to its original size. This distressing circumstance seemed to prove conclusively to the mind of the surgeon who had performed the operation, the absolute necessity of removing the whole of the jaw bone, from far forward, and as far back as the angle, if not to the condyle, on the left side. After some days

I experienced a very severe pain in the right side of the under jaw, which, on being mentioned to the surgeon, induced him to believe that the disease was of a more malignant and extensive nature than he had at first supposed : still the operation of removal of the left side of the lower jaw was not given up in idea.

“About this time, the Rev. Dr. C., of whose congregation the most of my family were members, advised me to consult a dentist with whom he had long been acquainted, and of whose skill he had a favorable opinion—and whose name I shall now freely mention, as I am through his aid, as an instrument in the hands of a merciful Providence, a radically cured woman. In accordance with the advice of Rev. Dr. C., I called on Mr. Harrington, dentist. Mr. H. examined my case, and pronounced it a very doubtful one, touching a cure. I told him of the wish of my last surgeon to remove the major part of the jaw, &c. He advised me to submit to no such operation, unless I could be put into a sound magnetic sleep ; he said the pain of such an operation would be excessive, without any tolerable certainty of a cure—but if I could be put into the sleep, and have the operation performed without present pain, as he was sure many surgical operations had been done in various parts of Europe, and, in a few instances, on this side of the Atlantic—the ridicule of *wise men*, and their denial notwithstanding—he would advise me to venture it, as a last resort, and at the same time be prepared for any consequences that might ensue ; as the case, as related to a favorable result, was shrouded with doubt, in every view that could be taken of it. Mr. H. kindly offered me such facilities as were in his power, and I was tried by the most powerful magnetisers that were to be found, between twenty to thirty times, to be placed in a full magnetic sleep, but without success. After this, some conversation about putting myself into his hands was had ; but at this moment a medical gentleman of this city thought he could cure me, and kindly offered to make the trial, and Mr. H. strongly advised me to let him make the attempt. He commenced, and I remained under his treatment during five to six weeks, without success, for at the end of this time I was on the eve of suffocation, from the size and exten-

sion of the fungus into the roof of the mouth and down my throat. I now returned to Mr. Harrington, much worse than he had ever seen me before; who kindly received me into his family, that he might see me every hour, and have my case under his immediate observation, and control. M. W."

Near the end of the year 1842, Miss M. W. came under my care, and, as said by herself, her case had then become much worse than I had seen it at any former period; it being a truly malignant case of a mixed character, presenting the usual appearance of fungus hæmatodes in many places, and ordinary cancerous exterior in others. Her general system was also sympathising with her local affection in no small degree, in consequence of the vitiated blood of the fungus passing into the general circulation. Her face at this time presented the unhealthy hue of pale mahogany. Her buccinator and temporal muscles, parotid gland, &c., had become enormously enlarged, and withal so extremely rigid and unyielding, that her jaws could not be extended apart more than one-third of the usual distance when in health. The upper surface of the diseased jaw that had been left after the operation above mentioned by Miss W., had become distended, apparently, to three times its usual width, from near the symphysis back to its angle. The whole of this extensive surface sent up an extremely morbid and luxuriant growth, in which the teeth of the superior jaw became embedded and concealed, whenever the teeth on the opposite side were brought into contact. This morbid and fetid growth extended to the centre of the inferior jaw, and was strongly attached to the lining membrane of the mouth, pressing the tongue to the opposite side, and greatly impeding its proper and necessary offices. On the posterior part, it was strongly attached to the constrictor muscles and side of the tongue, and extended far into the pharynx, nearly enclosing and concealing the uvula; and from Miss W's remark about being "on the eve of suffocation," was evidently pressing upon the epiglottis. Under circumstances of this distressing nature, there was no time to be lost in the application of such remedial means as the case might admit of. The immediate removal of the posterior portions of the fungus was attempted and performed,

by drawing it upwards by the aid of a wire loop, and cutting it away in *small pieces*, so as to avoid hæmorrhage, and at the same time injury to important parts. This was, however, a very difficult operation to perform successfully, in consequence of the very small distance the teeth in front could be separated, and the enlargement of the posterior part of the tongue, above and beyond which the knife had to pass in operating. The excision in this case was performed by little and little, day after day, for several weeks in succession, for the purpose, as above said, of avoiding troublesome and dangerous hæmorrhage, as it would have been impossible to use an actual or potential cautery with success, if called for. I had another reason for this very gradual extirpation, by the knife, of the excrescence which, for several weeks, merely allowed of easy respiration, and a reception of food into the œsophagus. I could not, for a moment, suppose that local operations or applications (alone) could be made to accomplish much in the way of a radical cure, judging from the result of Miss W's past experience, and the contaminated state of her general system, until appropriate remedies, by way of the stomach, could be made to act *vigorously and simultaneously* with local ones. To accomplish this much desired, but almost hopeless result, viz. a perfect cure of the case, the following mode of procedure was resorted to, and continued for several weeks:—Galvanic electricity, by placing the positive pole within the mouth upon the fungus, and making the negative pole to move constantly upon the exterior surface of the left side of the face, for and during ten to fifteen minutes each hour throughout the day, for two to three weeks. This was uniformly applied with that degree of intensity that the patient could conveniently sustain. Sarsaparilla, in a concentrated form, was given in large quantities and long continued—(iodine having been previously given, while the patient was in other hands, without any evidence of beneficial effect.) The whole surface of the left side of the face was continually poulticed with wormwood, softened by simmering it in vinegar.

About one month from the commencement with these means, accompanied by slight cuttings from day to day, and the constant use of powerful astringents held in the mouth, there was

an apparent improvement, both locally and generally, that seemed to point to a return of healthy action. This appearance was gratifying in a high degree as it had the tendency to inspire a new degree of confidence in the appropriateness and efficacy of the means employed. It was now desirable to diminish the size of this fungus as fast as possible, for, notwithstanding the frequent cuttings, such had been its rapid growth after each operation, that it was nearly of the original dimensions; and what was truly alarming, its radicles had extended to, and attached themselves to new parts of the membrane of the mouth and tongue, and posteriorly, near to the œsophagus.

It will be seen from the above, that such was the inveterate disposition of this fungus to rapid increase, that it was necessary to accompany the knife with some application that would, at least, *resist* its luxuriant growth for the time being. This was a desideratum that involved much difficulty. Astringent washes had been tried and found useful, but not sufficiently so; the usual escharotics also had been made to accomplish very little, and for obvious reasons; these latter, in any of their known forms, could be kept in place but a few minutes, before the copious flow of saliva would, unavoidably, deprive their active principle of all energy, and render them inert. Various *new* articles were tried with little or no success. At length, *ashes* made from cast off stems of tobacco, put into thin linen sacks, so formed as to cover, as far as possible, the upper surface of the fungus, and be held in place from hour to hour by the pressure upon it of the teeth of the superior jaw, were found to operate like a charm, although not very charming in the production of pleasant feelings, for its caustic action was powerful, and would continue for several hours, the inflowing of the saliva notwithstanding. Two of these sacks were prepared for each night—one put in place on retiring, and replaced by the other about the middle of the night.

The possibility of a cure in Miss W's case now began to wear a more favorable aspect. With the exception of the galvanizing process, the other means that had been found appropriate and efficacious, viz. the alterative given by the stomach, moderate cuttings daily, and the tobacco ashes occasionally, succeeded by

an astringent and antiseptic wash of nutgalls, the wormwood poultice, and moderate attention to regimen, were carefully and systematically attended to for three to four months, during which the fungus contracted its circumference by very slow (almost imperceptible) degrees, and now covered principally the upper surface of the left side of the inferior maxillary, (which, as before stated, was expanded to three times its proper width.) An opening was now discovered quite through the remaining portion of the jaw, near the angle; and a sinus extending from this opening, anteriorly, under the fungus, nearly to the symphysis. These openings were treated with astringent, and occasionally with acid injections, and sometimes filled with tobacco ashes.

Appearances were now so flattering, that it was thought admissible for her to return to her home and friends, and by their aid continue the systematic application of the remedies; calling once or twice a week to have her case examined. At the end of twelve months from the time Miss W. came under my care, her appearance, in all respects, afforded the most conclusive evidence of a return to perfect health, locally and generally; and, but for a remaining *enlargement* of the left side of her inferior maxillary, (and which, in all probability, will be years in disappearing, if it should during life,) it could not be discovered that she had ever been afflicted.

With reference to the case under consideration, it has been my lot to see, during my studentship with my highly respected friend and preceptor—the late Dr. H. H. Hayden, of Baltimore—and during an extensive practice in this city, many cases of the fungous and excrescent tribes, affecting the mouth, tongue, and their posterior collaterals; but I have never met with one that seemed, in the origin, to be so little under surgical and remedial control, and withal so malignant and extensive in its character. The too confident reliance on extirpation by the knife and powerful caustics, to the neglect of constitutional means, with the futile hope of accomplishing much in a very short time, it is probable, has been a common and fruitful cause of failure in the treatment of such affections.

With reference to my new escharotic, tobacco stem ashes, I

am willing to believe it to be a valuable addition to the caustic class of remedies, especially in the management of excrescent affections of the mouth, vagina, rectum, &c., as it can be placed in a cavity and made to operate, for hours in succession, upon a morbid surface, without at the same time doing injury to healthy parts. To accomplish this, the sack for containing the ashes should be made of an impervious material in all of its parts, except where intended to cover and act upon the diseased surface.

In conclusion, I have entered more into detail in the above narrative than may, on a cursory view of the case, seem necessary, as I have never seen or read of a case of a similar character, where the openings into the trachea and œsophagus were so obstructed by such a malignant mass of preternatural flesh, attached, withal, to so large a portion of the lining membrane of the pharynx. A large portion of the various kinds of fungi that have assailed the human mouth, far less in their dimensions and malignity than the above described, have terminated in a lingering and painful death.

CHESTNUT STREET, PHILADELPHIA,

July 23, 1845.

Med. Examiner.

ARTICLE IV.

Letter from R. D. ADDINGTON.

WILMINGTON, N. C., April 20th, 1846.

DR. CHAPIN A. HARRIS,

Sir:—In accordance with a promise I made last spring, preparatory to my departure for Rio de Janeiro, that I would inform you "What was the present condition of Dental Surgery in Brazil?" I shall, as far as I am able, with the opportunities afforded me of judging correctly, enter into the subject with the intention of giving a candid statement of facts.

During my sojourn in Brazil, I visited about twelve cities and

large towns, in most of which I found one or more French or Brazilian dentists, and the greater part of them totally unfit, by their education and qualifications, to render their operations effectual; the materials used are equally so, being lead, amalgams and common French foil, which they called gold; the prices for filling with the two first are 666rs. or about 33½ cents, for the latter 1000rs. or 50 cents.

When these prices for operations are compared with our expenses, which, even in villages, is 2000rs.* per day, whether you remain one or three hundred and sixty-five, without the practice equalling by one-eighth that of towns of the same size in the United States, must render an American's prospects gloomy indeed, especially when he has to contend with the above dentists, who live with their Brazilian wives, who perform the duties of servants for them, on the poorest fare, in secluded hovels. They are accustomed to live merely sustaining nature, and if their business will afford them a livelihood, they are contented. You must not suppose I am confining my remarks to villages, for they are much worse, but towns numbering from ten to twenty thousand inhabitants.

I can better illustrate the practice of these places, by mentioning one of several cases which came under my observation. Immediately on my arrival at the seaport (Santos) of the Province of St. Paul, a town of ten thousand inhabitants, Mr. Geo. Black, the American consul, to whom I carried letters of introduction, called and informed me that the British consul and several others had heard of my arrival, and wished operations performed in their families; as I was still debilitated by my long voyage from the United States, I declined commencing my business until I was sufficiently recruited, but accepted his invitation to extend my acquaintance. We called on the consul, who Mr. Black previously informed me was the wealthiest and most intelligent gentleman in the place; I found him polite and affable, but when I informed him my prices were the same as Mr. Louis Burdell's of Rio, he seemed much astonished at the assumption, mentioned that the prices of a Brazilian who re-

*2000rs.= \$ 1 00.

sided in the town were about one-eighth of that amount, that the people out of the capital were poor, &c., and if I consented to work at his prices, he *might* find something for me to do; although I informed him my materials were nearly worth that amount, it produced no better effect than to decline my services, to which the rest followed suite. I afterwards called upon this dentist, who appeared delighted with my artificial teeth, but would not offer me more than half they cost, he being governed in their value by some worthless French teeth he showed me. My foils met the same fate. This man showed me, at my request, his instruments, &c., which he kept in a small soap box; with difficulty I kept my countenance, and proceeded to ascertain the uses to which he applied them, &c. This is the dentist of Santos, who confessed he had read nothing on the subject—had conversed with two French dentists, and spent about two hours in the office of one of them, during a visit to Rio.

Although these towns may be surrounded by the wealthy sugar and coffee plantations, you need not expect patronage from their owners, as they either live on them very secluded, or the refined and intelligent portion live in the large cities.

I deem it necessary, to be better understood, to mention that very little refinement and social intercourse exist out of the cities of Rio, Bahia and Pernambuco, and in them confined mostly to the men.

From dentistry in the towns, I shall endeavor to show what it is in the three largest cities of the empire. Two gentlemen from New York settled in Pernambuco about 1842; from thence they went to Rio, where they remained about twelve months, and removed to Buenos Ayres, thence to Lisbon, thence to Gibraltar, thence to Bahia, where they dissolved copartnership, one remaining in that city, and the other returned to Pernambuco; they cannot be very successful, from what I could learn and the *subjects* of letters from them shown to me at Rio.

Within the last fifteen years, about twenty American dentists have opened offices in the capital, of whom I know nothing; but two of my countrymen are now practicing in the city; one of them early prepossessed me against the supposed course of

practice pursued in that country, from his mentioning his own, backed by the assertion, that although he knew it was incorrect, he had to adopt it from the *impatience* of his patients; however mortifying this might be to me, it was destined to be of short duration, as I, the following day, had a long conversation with Mr. Louis Burdell, and I left his office highly gratified that he, at least, of all in the country, practiced what are now considered, in the United States, the correct principles of dental surgery.

This gentleman has been in the country nearly six years, during which he has had many difficulties to contend with; but since his services were required at the palace, his business has become enormous, requiring his and an assistant's undivided attention from 7 A. M. until 4 P. M.; during this time his operating and sitting rooms are filled with the wealthiest and most distinguished families of the empire, where they were seen by me *patiently* waiting for his services, amusing themselves with musical instruments, books, gossip, &c., and if not waited on, they would return day after day, until their wishes could be gratified. Whilst this constant exhibition of their wishes to obtain his services are seen, I have repeatedly visited the offices of the others, and never found more than one, and generally that one a foreigner or plebian, endeavoring to cheapen the prices of their operation. In opposition to this state of affairs with the others, I will mention one of many incidents approving of Mr. L. Burdell, which occurred in my presence. One of the emperor's ministers, whose daughter, about thirteen years of age, had her right lateral incisor so irregular as to come behind the lower teeth, desired it to be placed in the line; which was pronounced finished after she had visited his office about four times. The father desired to know his charge, which Dr. B. valued at 75000rs., to which the minister objected, and requested a charge equal to his means, and proposed 150,000rs., which Dr. B. declined to accept, as the charge was amply sufficient; the minister hesitated a few moments, then seeming to acquiesce, handed Dr. B. a 1,000,000rs. note, which he took and proceeded to get his change, when the minister withdrew, congratulating himself at the success of the deception.

By his success I do not wish wrong conclusions to be drawn, which an American is liable to without knowing the character of that people. When they become satisfied with one's services, they remain constant in their patronage, and unaffected by innovations like our countrymen; this must act greatly to the disadvantage of any one now commencing dentistry in Rio de Janeiro, whatever his qualifications. Again, those who desire and are able to pay for the services of a skilful dentist, are very few when compared to the population of Brazil, and those few centre at Rio, and will not divide their patronage from opposition.

I do not doubt but time, if peace is continued within the provinces of Brazil, which is not altogether certain, will cause changes sufficient to induce the further emigration of our profession to the other cities. Every thing must have ample time with them to effect an object, which induces the opinion that the present state of the country and people should keep away the profession, unless it strikes at Rio de Janeiro.

All of which is respectfully submitted to your consideration, to be used as seems most fit.

Yours, &c. &c.

R D. ADDINGTON.

ARTICLE V.

Letter from DR. BAKER.

It is certainly not a very pleasant duty when a portion of the members of any society, find it necessary to vindicate and justify themselves in a course of conduct, at variance with the opinion of a majority of the same. I shall write in the plural number, because I am morally certain, that in doing so, I am expressing the sentiments, as far as I am able, of those whose opinions on this subject, accord generally with my own.

It is very well known by every member of the American Society of Surgeon Dentists, that the subject of amalgam, has

occupied its attention, more or less, for several consecutive years at its general meetings. A majority of it, present at the time, have resolved repeatedly, that it is a worthless and dangerous article when used in filling teeth, and have declared it *malpractice* to use it under any form, or in any case whatever. No one will dispute this position, as to its *general* use, but as in most general rules, there are some exceptions, so in this. There is, perhaps, a majority of the members of the Society, living in the city of New York, who are as much opposed to its *indiscriminate* and unskilful use as any portion of the Society, yet they believe, under certain circumstances and in certain cases, it is not only useful, but the "very best" filling that is now in use. It is perhaps unnecessary to go into a description of those *circumstances* and *cases* at this time.

At length the Society, at its last general meeting, passed a resolution directing the secretary to issue certificates or pledges in accordance with said resolutions, to each and every member of the Society, requiring him to sign the same and return it to the secretary, and for non-compliance thereto his name was ordered to be stricken from the roll of members.

The *substance* of the pledge, issued for the members to sign and return the same to the secretary, was to this effect, viz. that amalgam, in any of its preparations whatever, was a worthless and dangerous material for filling teeth, in *any case* whatever, and declaring it to be *malpractice* to use the same in *any case*.

Now it is very plain, that those of us who had, with the greatest success, used this composition, "in certain cases," and who believe, also, that they have the natural, inherent and absolute right to follow the promptings of *their own* judgments as it respects practice, could not sign such a paper, for reasons which are self-evident. From a non-compliance with the terms of the aforesaid resolutions, a number of us, who refused to comply, are under the *ban*, or in the intermediate state, (or purgatory,) or completely cut off or expelled.

If by "striking off the roll" means expulsion, we shall enter our solemn protest against such an act, believing *that* question to be still open, and that no member can be expelled except in a constitutional manner, by a constitutional majority. It will

be time enough when the day of trial comes, (if it ever come,) to present arguments.

Suffice it to say, that a constitution is a system of fundamental rules, principles and ordinances, for the government of a nation, state or *society*. And where there is any pretension to freedom, the constitution is *paramount* to the statutes or laws enacted by a legislature, limiting and controlling the power of the legislative body. The constitution is a *particular* law, ordinance or regulation, made by the authority of a *superior* power. It therefore appears that a body of men, forming a constitution, act in a different capacity entirely from one assembled for the purpose of legislation. Our constitution or supreme power prescribes under what circumstances, and by what majority, a member of our Society shall be *expelled*.

Hence the legislative or inferior power has the authority only to produce charges, specifications, arraign and try members in a constitutional manner. If those who formed and adopted the constitution of our Society, had meant that the power of expelling should rest entirely, or at all, with the members in their legislative capacity, no constitutional provision would have been made for that purpose. I am induced to make these remarks because some have supposed that to be "stricken off the roll" means expulsion. But it seems most reasonable that the true construction cannot amount to any thing more than to be under the *ban* of the Society, or in an *intermediate* state.

If it is said that we stand expelled according to *law*, we reply that no law is binding when it encroaches on our natural, unalienable or constitutional rights; and a *resolution* is nothing more than an opinion or fixed purpose of mind, and is of no *legal* force whatever, until it is succeeded by "Be it enacted, &c." Now the only safety to freedom is strict construction of constitution and laws.

The stretch of power assumed by the Society at its last meeting seems to have attracted the attention of the State Society of Dentists of Virginia, when they say, "We claim no authority over the opinions of our members," or "require any pledges other than those which exist among honorable men," or "conceding that the society was not a court of conscience," &c. and they might have truly said, also, that to *assert* or *vote* a thing to

be *malpractice* in all cases whatever, is very different from *proving* it to be so, which the constitution will require before any member can be legally expelled on a charge of that kind.

Members of our Society, living in Virginia, whose state arms are represented by Liberty treading on a tyrant and his chains, and whose motto is "*Sic semper tyrannis*," will arouse at the least encroachment on liberty or right.

It will be recollected, that, at the last meeting of the Society, for the sake of restoring harmony and maintaining peace in the Society, and it being represented that many ignorant practitioners of dentistry were making an indiscriminate use of amalgam, most of us in this city agreed to suspend the use of it altogether, for the present. It cannot be denied that this was not a great concession on our part, and, as we think, should have satisfied the Society. We even offered to sign a pledge to use it no more. Here we went farther than our obligations to truth and duty required. But when it was required that we should sign a pledge such as was afterwards sent to us, to that we could not submit; had we done so, our degradation would have been complete.

So the horns of the dilemma were—sign the pledge or have your names stricken from the roll of members. The result has shown which horn we chose, and we abide the result. Nobody disputes but what a majority can exclude a minority under any circumstances, for a minority, who respect themselves, will certainly not contend against "brute force," for so any act may be regarded, that is not founded on law or usage.

The opinion of a member who refused to sign the pledge, that "the Society has transcended its powers, and violated the compact which ushered it into existence, by enacting resolutions which are arbitrary, unjust and unconstitutional," and that of another, who says, "the Society has certainly transcended its powers," &c. evidently alluded to the *constitution*, when expressing those opinions, and in this sense they mean to be understood, when they say, the Society has no *right* to pass such resolutions or *require* such pledges, because it cannot constitutionally enforce such acts. Now it is very evident that the junior editor, Dr. Westcott, means the "*brute force*" *right*, when

he says, "In respect to this question of *right*, we have yet to learn that a voluntary association, untrammelled even by a *charter*, as is the American Society of Dental Surgeons, has not a right to pass *any* measure they please, even to the extent of expulsion of their own members." "But if our objectors mean, by saying that the American Society had no right to pass the offensive resolutions referred to, that those resolutions are unreasonable and unjust, this constitutes entirely a *new* issue."

We not only think those resolutions and pledges *unreasonable* and *unjust*, but we regard them as a "brutum fulmen," mere paper bullets, and which cannot be constitutionally enforced, and on these grounds we *place* and are ready to *stand* the *issue*.

Does the junior editor mean to be understood, that because the Society is *not* chartered, it is at liberty to commit acts which in a chartered society would be considered unlawful, oppressive and ridiculous? We really believe the Society will not sanction such reasoning.

Although I am well satisfied in my *own* mind, by actual experiment and trial, of the utility of amalgam in certain cases, yet I may find it difficult to satisfy the minds of some members in our Society, to the same extent, if at all. And as it is said, "a prophet is not regarded in his own country," I will introduce an *authority* living in Paris, who may be said to be at the head of his profession, and who undertakes to speak of, and who is well acquainted with, the practice of the principal dentists in Europe.

PARIS, RUE DE LA PAIX, No. 11,
23d February, 1846.

MY DEAR BAKER,

Your favor of the 9th Jan., asking my opinion on the use of an amalgam of silver and quicksilver for filling teeth, "in certain cases," is at hand.

I reply, I *was* among those who thundered forth universal condemnation against the use of this article. I *am* among those who believe that, "in certain cases," it is very useful, and I *act accordingly*. I have lived too long in the world, seen and had too much practice in our profession, to now *universally* condemn an article, that is used in some cases, (I believe,) by every re-

spectable dentist in Europe, at least I do not know of a single exception.

That there have been, and that there yet exist, many unprincipled charlatans, who, by the indiscriminate use of this composition, often give their patients much pain without any benefit, I do not deny. There are also many respectable dentists who use this composition in cases where you or myself would use gold. Yet to condemn the use of amalgam in *all* cases, merely because its use is abused in *some*, I think unwise.

The unprincipled quacks who first introduced its use with you, whose only object was to pocket the money of a credulous class of patients, did, undoubtedly, do much injury; but we see cases of suffering and injury, from the use of gold, of the file, and even of extracting teeth, yet who will dare to say that each and all of these are not useful and necessary "in certain cases?"

I am fully aware, that in the opinion that I give you relative to the use of amalgam for filling teeth, that many dentists in America, whose opinions I respect, whose talents I admire, and whose friendship I cherish, think very differently from me; but as you ask my opinions, I give them, and my *practice* is in accordance with my principles.

My observation is, that much good has been and may be done by a judicious use of this composition. Much injury has been and will continue to be done, by an indiscriminate, unprincipled use of this amalgam.

I am sorry to see so many of our first dentists in America condemn, in *all* cases, the use of this composition; for I believe, were they, with their ability and judgment, to use it as it is used by *some* dentists in Europe, then they would agree with me, that the article "has been more sinned against than that it has sinned."

Neither you nor I can prevent chalatanism nor imposition from gaining proselytes; we have but to do that which our experience and our ideas of rectitude demand, &c.

I hope ere long to pay you a visit, when we will talk over those things; in the interim I shall be most happy to hear from you.

I am, very truly, yours, &c,

C. L. BREWSTER.

I should be happy could I now close my observations on this subject; but, for a variety of reasons, I am compelled to notice what appears to me to be objectionable, both in manner, matter, and a statement of facts. I have no doubt the writer stated what he had heard from others, but he had been misinformed in many respects.

If I had pursued the devious course he represents, I should feel myself fully justified in my present opinion, for I held when the evidences concerning common things change, a man should change his course of conduct.

The circumstances to which I allude are these:—The junior editor, Dr. Westcott, in Miscellaneous Notices, which appeared in the December number of the Journal, while expatiating on the troubles, anxieties, and the action the Society had had for several years on amalgam, after giving the Virginia Society quite a lecture, for a very small appearance of what he would call contumacy, and in order to enforce, (as I suppose,) the necessity of resorting to these coercive measures adopted at the last general meeting, he thought fit to make use of me in a manner which I do not approve of. In the first place, I do not think the Journal should be the medium for arraigning any person for his conduct, but should be applied to the purpose to which it was intended. In the next place, he makes a *covert* attack on me, which certainly is not very respectful. This consists in publishing my name in small capitals, and mentioning various circumstances, so that I may be identified. "We find *him* (the Dr. means E. Baker) one of the foremost in carrying out measures to expel, not from society, but from the country, Monsieur Mallan, for the malpractice of using mineral paste." Here the doctor is entirely mistaken; I took no part for nor against the Mallans. It is possible this mistake may have arisen from the circumstance of my having joined a number of my brethren, some years previous, in a similar crusade against the Crawcours, who, like the Mallans, were impostors. Since then, I have not "run a tilt or a muck" against quacks or amalgam; I neither think it policy or respectable to do so. I was one of the committee in Philadelphia, but took no active part, the chairman reported what he pleased. To be sure I was afterwards in New

York, and filled a few teeth with amalgam, and found it most excellent "in certain cases." It is very likely I gave Dr. Bliss a certificate to the same effect, and if I were to give another, it would be the same. I have pursued no inconsistent course; as would be inferred from Dr. Westcott's account. To be sure, I never "thundered" against amalgam like my friend Brewster, but my first impressions were against it, which have changed gradually, till I am convinced amalgam is useful "in certain cases," and there my opinion will probably rest. It is an old but trite saying, that "wise men *change* their minds, but fools *never* do." How many things which have been received as truths, have afterwards been found to be false, and how many things, which at the time have been ridiculed and disbelieved, have afterwards proved to be true.

There perhaps has been more intolerance, illiberality, disputation and ill blood exhibited in the conduct of members of the healing profession, than any other. This arises partly from the nature of the subject, and partly from ignorance and prejudice. Witness some of the greatest discoveries in medicine, and other discoveries which have almost banished disease; and strange to tell, those discoverers and benefactors of mankind have, in their turn, been ridiculed, traduced, and even persecuted. Nothing could exceed the virulence of a great portion of the practicing physicians, at the time, against the introduction of *inoculation* for the small pox. Dr. Boylston's house, of Boston, was mobbed, occasioned by introducing inoculation. With what opposition did Jenner meet; and, if necessary, many other instances could be mentioned. I will only advert to the case of the great Sydenham.

"His towering genius being too elevated for appreciation by the College of Physicians and his shallow colleagues, they endeavored to banish him, as guilty of medical heresy, out of that illustrious society, (the College.*)" Sydenham, though a graduate of Cambridge, and a fellow of Oxford, was not deemed worthy of the fellowship, but was cast down to the inferior position of licentiate, by a host of moral pigmies. Licentiates in

* Farr's History.

those days consisted of oculists and aurists, and other individuals, who devoted themselves to particular branches, and who in these times appear to have possessed an inferior degree of education.

The remark of Sydenham, in reference to his persecutors, was worthy of his genius. "It is better to *assist* mankind, than to be *commended* by them." Many other *pictorials* or *illustrations* could be brought forward, but perhaps this will be sufficient.

Now, how is it, that *we* do not see as much virulence and prejudice among physicians, and persecution by corporate bodies of physicians of the present day, as there was formerly? Are not these the principal reasons? They have become *less* prejudiced, *more* enlightened, and liberality and wisdom follow, as a matter of course.

May 4th, 1846.

E. BAKER,
No. 6 Warren-st., N. Y.

ARTICLE VI.

Letter from DR. WESTCOTT.

In giving place to Dr. Bakers's communication in the Journal, we thought it no more than just, that our colleague Dr. Westcott, should see it, previously to its publication, as it related principally to him. We, therefore, sent it to Dr. W., and have received, in reply to our note which accompanied Dr. B's communication, the following letter.—*Balt. Ed.*

SYRACUSE, May 12, 1846.

FRIEND HARRIS :

Your favor enclosing Dr. E. Baker's article, or counter "protest," for my inspection and review, was received by yesterday's mail. Having just transmitted to you, for publication a review of a very similar document from C. C. Allen, M. D., I do not regard it worth while to encumber the pages of the Jour-

nal with any separate review of Dr. Baker's article. I have given it a very careful reading and think it reflects upon the author much more credit for literature, than for sound views, in regard to the art of stopping teeth. I am certainly very glad to have Dr. Baker speak for himself, and I am, on the whole, pleased with the style and temper of his remarks, notwithstanding, he takes me to task for impertinence. But in regard to his views of amalgams, for stopping teeth, and also upon several other topics which he brings up, I of course hold a very different opinion from those set forth by him, in his communication. Although I have taken some pains to understand the precise aim of this production, yet I confess, it is in my mind, somewhat enigmatical. Whether the object of his communication is to defend the claims of amalgams, and the rights of their advocates, or to demonstrate that those who have hitherto considered them as unfit for filling teeth, and who *have not changed their minds*, are "fools;" or to prove that the persecution which the doctor claims for himself and friends, necessarily rank him and them, with the sages and martyrs of former times, who also suffered, because they were in advance of their age, in wisdom and goodness; or whether it was more to get a medium, through which to administer to me, a friendly castigation, is not quite certain. But perhaps these may not be considered important queries.

In regard to that part of his article intended expressly for my benefit, I have only to say, that I trust my *juniority*, which he takes so much pains, by frequent repetition, to hold out in bold relief, will enable me to out grow the cicatrices, with which his lashes might otherwise mark me for life. You doubtless noticed that his position upon most of the topics which he has discussed in common with Dr. Allen, are the same, or at least very similar to those taken by the latter. For example, both contend that amalgams may be used judiciously in certain cases, yet neither of them has seen fit to inform the profession, what we are to understand by this phrase, "certain cases." Now it occurs to me, that if Dr. Baker really thinks amalgam "the very best filling in certain cases," and is, at the same time, as he would have us understand, far more anxious to "*assist* mankind, than to be

commended," that his benevolence and philanthropy would have suggested to him the propriety of informing the profession, *how* this great assistance could be rendered to mankind. Perhaps he thinks this obligation has been discharged in the expression of his views upon this point to the *Society*, at the last meeting, and which were recorded by Dr. E. Parmly, in a note appended to his introductory address.

Dr. Parmly's record, (Vol. vi. No. 1, of the Journal,) is as follows—"He" (Dr. Baker,) "admitted before you all, that it is a *bad filling*—that it is *the worst kind of filling*—that it is a *nasty filling*, and that it is *the worst thing in the world to fill teeth with, except as a filling for the mere shell of a tooth, that will bear nothing else*." In relation to the sentiments as above expressed, Dr. P. observes in the same note, that "such an admission from such a man as Dr. Baker, should make the face of every honorable man blush, to own that he uses it, or to give the slightest encouragement, or in any way sanction its use."

Now if such is the description of the doctor's "certain cases," and he has made no other revelation to my knowledge, I fear he will be puzzled to make it appear that a filling, which in *small* cavities, is a "bad" and "nasty" filling, is any other than such in large, or as would appear from his own description, *monstrous* cavities.

It is a logic which *common* minds cannot comprehend. Now in respect to filling teeth, I am willing to take the position, and will endeavor to sustain it by *works*, that any tooth which can be materially benefitted by any filling, can be stopped with gold or tin.

To put this question to a practical test, I would like to have Dr. B. present to the society, at the next meeting, some cases in which he thinks amalgams should be used, and if it is decided by the society, or by a committee appointed by them, that the teeth so presented, are proper cases for filling in any way, or with any material, I will volunteer to make the attempt with *gold*. These cases might be presented from year to year, and the work examined. In this way one question at least might be settled, *viz.* whether mineral paste is used by persons competent to do *good* work, as a matter of *convenience*, or as a mat-

ter of *necessity*. Even this would be placing the issue on the ground, that the "paste" possessed no positively noxious qualities, which is a supposition by no means to be admitted, after the abundant proof which has been exhibited to the contrary.

The society viewing the subject in this light, entered an unconditional protest against it. That Dr. B. might have been surprised at the views of the society, is highly probable, from his last communication, but is it not strange that he was surprised to find the pledge, when it came to his hand, "in accordance with the resolutions," which prescribed its particular form?—especially when you know that he was present during the entire discussion of these resolutions, and when (if I mistake not) they were passed? Not only so, but I boldly assert that he consented to acquiesce in this very proceeding of the society.

The constitutionality of this proceeding, the doctor discusses somewhat learnedly, quoting (with slight alteration) from Webster's large Dictionary, the definition and application of the term, constitution. His reasoning under this head is all very well. I freely admit, that if this act can be shown to conflict either with the true intent of the constitution, or with the legitimate objects of the association, that it is null and void, but till then, it will stand. *Perhaps*, "striking from the roll," does not mean "expelling," but there can be no doubt that it would at least mean *suspending*, and the act is, therefore, if it has any virtue, one which would disfranchise every member, whose name was so stricken from the roll, and to restore such members, it would require direct action of the society, or of those members in full standing. Now, if deciding questions by ballot, is the "*brute force*," which Dr. B. anticipates in his communication, that will be exercised, then I think he will not be disappointed, for I have no idea that the legitimate voters in the society, will see fit to revoke their decision, made at the last meeting, however brutal it may be regarded, by those who find it convenient to use amalgams.

Although I have protracted my letter to much greater length than I anticipated doing when I commenced it, yet I cannot refrain from noticing two or three other points, upon which Dr. B. lays some stress.

The doctor refers to the resolutions of the Virginia Society, to show the tyranny and brutality of the measure of the American Society, and seems to rely upon them for sympathy. But how, entertaining such views of the *practice*, as he does, can he expect sympathy and support from a society who have declared, by a resolution unanimously passed, and without the least qualification, the very article for which Dr. B. contends to be, "*entirely unfit for, and highly objectionable as fillings for carious teeth,*" and "*that the use of amalgams in dental practice, is EMPIRICAL,*" and who, moreover, in the same resolution, that "*it is hereby declared to be MALPRACTICE?*"

Now, how a man who *USES* and declares his determination to use this very same "*nasty*" material, which is in the above quoted resolution of the Virginia Society, so fully and so uncompromisingly denounced and proscribed, can look to this source for countenance or authority, I have not the sagacity to comprehend! True, this society complain of the *means* employed by the American Society, to rid herself of this blighting evil, which both societies view in the same light, yet the Virginia Society have, by no means extended either sympathy or encouragement, to any who are *known* to use this article, which they so strongly denounce, much less to those who publicly declare their intention to continue its use.

Again, Dr. Baker refers to C. S. Brewster, as a *foreign "prophet,"* and who for *this* reason, should be heard and accredited. Now, if Dr. B. thinks Mr. Brewster's authority enhanced by his residence in PARIS, I beg leave to differ with him in opinion. That Mr. Brewster has *used* the amalgam for sometime, is to me no new fact, but I confess, I had never dreamed that this constituted any reason why we, who live in the "land of steady habits," and who are in most respects, very differently situated, should adopt either his sentiments or practice. Nay, on the other hand, I had gone upon the supposition that the very striking change which had been wrought in Mr. Brewster's views and practice, had arisen somewhat from his particular residence, and the peculiar circumstances, by which he has been surrounded for the last few years. To say the least, as I view them, they have been such as are well calculated to enhance all

the virtues any practice does possess, which makes so little tax upon time, and physical exertion and skill, as does the practice in question. It strikes me, therefore, that if a residence in Paris can have any bearing upon Mr. Brewster's testimony as authority upon *this* subject, that it would tend to weaken, rather than strengthen it, and I think it not unfair to presume, that had this accomplished, and highly reputed gentleman remained an *American* dentist, that he would still be found "thundering forth universal condemnation against the use of this article." In relation to Mr. Brewster's testimony, relative to the *universal* employment of amalgam for stopping teeth, by European dentists, it by no means accords with my understanding of this matter. But my time will not now permit me to enlarge upon this point. At a proper time, I will lay before the readers of the Journal, some statistics which I think will somewhat change the complexion of this feature in the case.

Before I close my letter, I wish to notice briefly, Dr. Baker's reprimand for my allusion to *him* on a former occasion. He observes in relation to my remarks, that they are "objectionable, both in *manner*, *matter* and statement of facts."

You being familiar with the history of the transactions which gave rise to the article, to which Dr. B. alludes, will readily understand the following statement of circumstances which will serve to account for, if not excuse, any allusion which I made to Dr. B., in the article of which he complains. These circumstances were as follows :

The subject of amalgams had undergone a long discussion at the late annual meeting of the society, and as was supposed by all, fully disposed of. Dr. Baker was present during the whole session, and participated in the discussion, and notwithstanding he at first objected to signing the pledge, *described in the resolutions*, then passed, he *did* consent to acquiesce in the measure, which of course included signing said protest. The meeting broke up with this understanding ; but no sooner was the pledge issued, than he addressed a letter to me, showing most plainly, that he had been "convinced against his will." Hence, held his *old* "opinion still." More than this—he, in this letter, denounced the proceedings of the society, in the

strongest language, and in terms illy becoming one situated as he was, after having acquiesced in these proceedings, and accepted an *office*, after the resolutions were passed, the protest ordered, and *explicitly described*.

About this time, I received several other letters of similar import, but not from any other man, who was present during the meeting, at which the matter had been discussed. To these several attacks upon the American Society, from her own members, and especially the one from Dr. Baker, I thought some reply was called for. Now, who was to make this reply, the society was, *pro tem.*, virtually disbanded, and had every member taken the same course, as did Dr. B., it would have resulted in a *final* disbanding of the association, for all were alike suspended, till they had complied with the requisition, or had signed and returned the circular. Now, it struck me as highly proper, that the society should be apprised of the exact standing of the matter, at this juncture. So much importance did I attach to this new and unexpected turn, that I consulted the President in relation to the propriety of calling an extra session, to make some provision for this unlooked for exigency. It is very evident that no one but myself could make any report of progress, as the whole business of issuing and receiving the protests, and all other documents pertaining thereunto, was put into my hands. I therefore, as the society's agent, through the Journal, as their organ, made the report contained in the article of which Dr. B. complains. I made just so much allusion to Dr. B's letter as I thought the case required, considering him the *leader* of his party. So much for the occasion and the "*manner*." I leave it to the society, as whose agent I was acting, to declare whether my course was justifiable, or whether, as Dr. B. claims, it was reprehensible.

As to the "matter and statement of facts," which he makes also a subject of complaint, I have only to say that I did not intend by any means to misrepresent him. But on receiving a letter from him, a short time after my article appeared in the Journal, charging me with "gross misstatements," &c., I felt that I owed it to myself, as well as to him, to see if some retraction should not be made, or whether it was not possible I had misunder-

stood, and hence misstated in respect to some of the points of complaint.

To this end, I made a very thorough investigation in regard to every point involved, and the result has confirmed the belief, that I have nothing to retract, not even excepting my allusion to the Mallans persecution.* True, Dr. Baker's name was not on the card which was circulated, to expose their villainy, nor was he on the committee which issued it, but the doctor will not deny that he was privy to, and encouraged that measure, and paid *liberally* towards footing the bills incurred by prosecuting it, all of which I regard very creditable to him—creditableness alike, to his wish to do good, and his liberality.

I will only notice one other portion of Dr. B's communication. I allude to his effort to rank those who use amalgams "in certain cases," and *are persecuted therefor*, with the benefactors and wise men of former times, who suffered similar persecution.

He has brought forward, a host of "pictorials and illustrations," to show that great men have *always* been persecuted. True he does not add in words—hence we are persecuted—or this is just our case, but it would verily appear, that his reasoning invites us to fill up the blank with one of these expressions. It appears to me, however, that the doctor would not relish all the applications that might be made of his argument. The Crawcours were persecuted as we learn, from Dr. B. himself, and *I have no doubt* that the Mallans were also. Now this logic, without limit, would apply as well to them, as to the greatest benefactor that ever lived, and they might with the same plausibility claim, that they were persecuted, because the world was too ignorant to appreciate their real merit and character. The truth is, that persecution can of itself, prove nothing more than that the sentiments or acts of those persecuted, are at variance with the views of the persecutors. It would not prove either

* Notwithstanding, I still regard Dr. Baker as one who was engaged in this persecution, if it can be so styled, yet perhaps it cannot be justly said, that he was "*foremost*" in it, as I have no evidence that he originated the scheme, or that he was the leader in carrying it on. This expression in my original article, rather alluded to the fact, that "he paid more money than any other individual," to make the measure efficient.

party to be made up either of wise men or fools, and hence I am unable to see the bearing of his logic, as applied to the persecution of which he complains. You will please pardon me for the great length of this letter, and believe me,

Cordially, yours,

A. WESTCOTT.

ARTICLE VII.

Case of Fungous Tumor occupying the Left Maxillary Sinus, Successfully Treated by the Extraction of the First and Second Superior Molares of the Affected Side. By CHAPIN A. HARRIS, M. D., D. D. S.

Miss L——, of Baltimore, twenty-two years of age, of a bilious temperament, called to consult me in relation to the condition of her teeth, on the 10th of February last. On examination, the crowns of the first and second superior molares of the left side were found badly decayed, and which, from the destruction of the greater portion of their sockets, were much loosened. The gums on either side of them were very much swollen, spongy, and had a livid appearance; from between the edges of which, whenever the teeth were touched, a thin, fetid matter, occasionally streaked with blood and pus, was discharged. She complained of a sensation of fulness and occasionally of slight pain in her left cheek. The affected molares had been troublesome and sensitive to the touch for nearly three years, resulting, as she supposed, from a severe cold, as she suffered about that time, for near two weeks, the most violent pain in them. She had, subsequently, several times, been urged by her friends to have these teeth removed, but the fear of pain had prevented her from submitting to the operation.

Fearing that the diseased condition of the sockets of the affected molares had extended to the antrum maxillare, and confident that the parts immediately involved could not be restored to health so long as they remained in the mouth, I advised

her to have them removed. After much persuasion, she consented to submit to the operation.

The gums being separated from the teeth, I at once grasped the first molaris with a pair of forceps, and proceeded to remove it. It readily yielded to a very slight force, but the moment this was applied, a gush of blood issued from the left nostril, and the complete removal of the tooth being prevented by a fungous excrescence which had originated from the extremity of its roots, and passed up into the antrum, the true nature of the affection at once suggested itself to my mind. The tooth, after being partially removed, was liberated by cutting the excrescence.

The hemorrhage for a few minutes was profuse, but after it had partially subsided, the socket was examined, when an opening was discovered through the floor of the antrum, large enough to admit the end of the little finger,—the fungous peduncle, after its separation from the roots of the tooth, having contracted, had passed up into this cavity. This was now partially explored by means of a small probe, and found to be nearly filled with a soft, spongy tumor, which bled profusely from the slightest injury. Finding a portion of the floor of the antrum, back of the tooth which had just been extracted, in a necrosed condition, and partially exfoliated, I extracted the second molaris, which also had a fungous excrescence upon the extremity of its roots, that passed up through an opening from its socket into this cavity, and then removed the dead bone. This occupied the space between the two teeth.

An opening was now formed through the floor of the antrum, of about an inch in length, and more than a quarter of an inch in width, which enabled me to explore the interior of the cavity more thoroughly than I had previously been able to do. The tumor, which at first had completely filled it, had, from the hemorrhage which had been caused by the extraction of the two teeth, become so reduced in size, that I was enabled to pass a small curved probe between it and the walls of the sinus, and by this means to satisfy myself that it had no connection with any part of this cavity. There was no danger, therefore, to be apprehended of a reproduction of the excrescence after its removal, which was easily effected, by piece-meal, with a small, sharp-pointed hook, and a narrow bladed knife.

The opening through the alveolar border into the antrum soon closed, and the parts, in a short time, were restored to a healthy condition.

Remarks.—It is well known to dental practitioners, that large fungous excrescences or tubercles sometimes form upon the extremity of the root of a tooth, and that when it occurs on the root of an upper molaris, if the floor of the antrum be very thin, an opening is formed through it, and instead of remaining in the alveolus, it passes up into this cavity, where it occasionally attains a very large size, and this is precisely what had taken place in the case just described. But in this instance, spongy excrescences from two teeth had passed up into the antrum, united, grew until they had filled the entire cavity, and caused a necrosis of a portion of its floor.

What would have been the result, had the teeth been permitted to remain, is not difficult to conjecture. The pressure of the excrescence, as it augmented in size, would have caused a necrosis of the entire floor, if not of the walls of the antrum, which would ultimately have become detached and displaced, carrying it and the diseased teeth with them. But, in the mean time, other parts might have become involved in a worse and more unmanageable form of disease.

Collectanea.

Hemorrhagic Diathesis—Ten Days Hemorrhage after the Extraction of a Molar Tooth.—Dr. Clay of Manchester reports, in the *Medical Times*, the case of a boy, aged fourteen, who applied to a druggist to have a tooth extracted on the 17th of Nov. last. Considerable hemorrhage occurred immediately after the operation. On the following day, (Nov. 18th,) the hemorrhage continued in increased quantity. The family became alarmed, and the druggist having failed to stop the flow of blood by plugging the parts with lint moistened with the tinct. myrrh, and other styptics, I was sent for. I found the boy bleeding freely, with the whole interior of his mouth cauterised by the nitrate of silver, which had been previously applied to such an extent that much unnecessary pain and inconvenience were caused in the after-treatment. The plugs applied at the time of my arrival not checking the flow of blood, I removed the whole, and had the

mouth well washed out, and, with a strong light, ascertained, as well as I could, the injury the parts had sustained. I found that the third molar tooth of the upper jaw, on the right side, had been extracted, and the soft parts extensively lacerated, not only forwards but backwards, almost to the fauces, and also a deep laceration in the cheek; in addition to this extensively lacerated surface, the alveolar processes had been broken down by the violence used. As might be expected, blood poured out from different parts of the injured surface, of a decidedly arterial character.

Before detailing the treatment of this case, I will give some particulars of the family to which the boy belongs, in many of the members of which the hemorrhagic tendency is much developed; this is entirely confined, however, to the maternal side, and the facts were only recollected casually during the treatment.

The boy's uncle (William) had a tooth drawn, which bled freely for some days. A second uncle (Josh.) had an injury of the head, which bled for some days, and only yielded to very energetic treatment. A third uncle, when about the same age as the present patient, had a tooth extracted, which bled profusely for eleven days. An elder brother had a tooth extracted, which bled seven or eight days. Another brother had a cut finger, which bled for two or three days, and a tooth extracted, which bled three or four days. Lastly, the subject of the present case, when about four years old, had a tooth extracted, which bled four days; when eleven years old, he cut his thumb, which bled five or six days; when about twelve years old, another tooth was extracted, which bled two or three days; thus, previous to the present accident, there had been no less than nine cases of prolonged hemorrhage from injury occurring to members of this family. No attention, however, seems to have been paid to these facts, which had been so far forgotten, that no care was used to select a competent person to perform the present tooth extraction.

After having ascertained the extent of injury, as before stated, I replaced the plugs, saturated with the tinct. fer. mur., adapting them with great care to the injured parts. A well fitted piece of cork was then inserted in order to increase the pressure, and the mouth was closed, as the hemorrhage appeared to be checked. I left the patient, but was sent for again in three or four hours, and found him bleeding quite as freely as at first. Considering that it arose from deficiency of pressure in some part of the plugs, I determined on removing them. I used the tinct. fer. mur. with a few drops of muriatic acid for the second dressing, and replaced the plugs and subsequent pressure with every care, but the extent of laceration was such, that it was impossible to produce pressure on all the parts at once. A second time all appeared quiet, but in a few hours the bleeding was as active as ever. Some particulars of the family tendency were now told me, and I determined on using the matico; first, by covering the parts with the powder, supported by pads of dry lint, adding a cork pad, and fastening the

jaws close together, and, after a trial of some hours, without benefit, by using the moistened leaf of the plant with no better effect. The powdered *secale cornutum* was next tried, still the wound bled as freely as before. It now became manifest that the constitution was at fault, in addition to the great injury by laceration, and it was also equally evident that unless some very determined course was taken, the boy must sink. I was averse to the use of the actual cautery, and equally so to tying the external or common carotid, but these means, with an attempt at constitutional treatment, were the only ones left. I determined on taking another opinion before I proceeded any further. Shortly after Mr. Wilson met me in consultation, and it was agreed to give the matico another trial, but with no greater success than on the former occasion. Active purgatives were given, and, at a second meeting, it was determined to try the old fashioned remedy "*Ruspini's styptic*," not only externally, but in two tea-spoonsful doses every three or four hours; no good, however, appeared; the matico was then placed on pads, moistened with *Ruspini's styptic*, but still the bleeding continued. At every opportunity, when new dressings were applied, as much nourishment as possible was poured into the system, consisting of milk, eggs, strong broths, jellies, &c. Ice was applied about the neck and throat, and whenever an opportunity offered, the mouth was washed out with iced water. Things proceeded thus to the end of the sixth day, with little or no abatement of the hemorrhage, the boy's countenance became blanched, with a wandering and anxious expression. It was now determined to use the actual cautery; this was freely and frequently applied, but not the slightest good resulted from it; it was no sooner burned in one place where the bleeding seemed most frequent than it burst out at another, and when that again was seared, the former eschar (if it could be called one) gave way and bled as freely as before. This cruel mode, which the boy bore with the most heroic fortitude, was finally abandoned as useless, if not productive of mischief by enlarging the abraded surface. It was equally evident that any operation of tying the artery would only be adding a fresh wound to contend with. Constitutional treatment alone remained. A consultation was held by myself, Mr. Ainsworth, Mr. Thorpe and Mr. Wilson, when it was determined to give internally the following mixture:—

℞ *Plumbi. super. acet.* ℥ ss; *Acid. acet. dil.* ℥ ss; *Syr. Rhead.* ℥ ss; *Mist. camph.* ℥ v. *M. ft. mist.* ℥ vi. *Sumat æger coch. magn. duo omni tertia hora.*

Thus, five grains of the acetate of lead were given every three hours, or nearly so, in addition to which, pads saturated with the *liq. plumbi. diacet.* were applied to the bleeding surfaces, with as correct a pressure as possible. Twenty-four hours passed under this treatment without improvement. At a second consultation with the gentlemen above named, in addition to whom Mr. Bamber, a retired practitioner, and formerly the medical attendant of the family was present, it was agreed to persevere with the acetate of lead

mixture until the day following, continuing also the pads of lint saturated with the liq. plumbi. diacet., covering the pads also with finely pulverised matico. On the following morning, much to the satisfaction of all parties, the bleeding was checked; this was the tenth day, and up to this time he had taken nearly a drachm of the acetate of lead. The boy began to complain of pain in the stomach and head; it was therefore evident we could not proceed further with the acetate; and as the bowels had not been moved since its exhibition, it was determined to substitute the sulphate of soda, which the American physicians speak so highly of. A saturated solution was ordered to the extent of a wine-glassful, every four hours, and in a very short time the bowels were acted upon. The bleeding was perfectly arrested from the tenth day, great care being taken for some time in removing the pads, and which were for several days moistened with the liq. plumbi. diacet. I have omitted to mention that the head was shaved when the constitutional treatment commenced, and that evaporating lotions were kept constantly upon it. From the tenth day, the boy very gradually recovered, though extremely reduced. He is now (December 29th) comparatively well, and all the soft parts of the mouth are perfectly healed.

This case is an instructive one, as it serves to show how very little dependance can be placed on styptics, or, indeed, on any local application; in cases of hemorrhagic diathesis, constitutional treatment alone is the best, indeed the only mode by which we can hope for permanent advantage. I have seen cases reported, where abstraction of blood has been practised, but for what end I am utterly at a loss to understand, except that of ascertaining (by analysis) if the blood be deficient in fibrine; but surely it is unnecessary to do this, as it does nothing towards the cure, whereas the abstraction of blood adds to the difficulties of the case. If such cases were difficult of diagnosis, the test might be barely justifiable, but they are not; therefore, to take from the mass of an already too impoverished system, cannot, in my opinion, be defended on any grounds. The actual cautery, I think, is equally to be condemned, fresh wounds should never be made, and this applies also to the tying of any artery, the common carotid being the only one likely to effect a check in hemorrhage from the gums; yet, as that has been done by the first English surgeons, and has failed, it ought never to be again resorted to. It will, perhaps, be unnecessary to inquire how the acetate of lead or the sulphate of soda effected the object sought in this case, *that is*, to restore the principle of coagulation to the blood. That the blood is deficient in fibrine will, I think, be generally admitted, but there is nothing in half a drachm of acetate of lead, nor even in an ounce or two of sulphate of soda, to which can be attributed the formation of a new supply of fibrine in a few hours. These means must act on some other principle, perhaps by abstracting a considerable portion of the serous part of the blood, the lessened mass which remains, being more in proportion for the object of coagulation than heretofore, accomplishes the wished-for result. At any

rate, it is fortunate to have two such remedies as the plumbi. sup. acet. and the sulphate of soda, inasmuch as the first cannot be used long without producing very distressing symptoms, pains in the head and stomach, and obstinate constipation. But by pushing it rapidly in large doses until these symptoms come on, and then substituting a strong solution of the sulphate of soda, which, while it opens the bowels, and relieves the pains produced by the lead, has an equally specific power in improving the tendency to a healthy coagulation, we possess a good means of treating cases of this nature.

Necrosis of the Lower Jaw.—At a recent meeting of the *Medical Society of Emulation*, in Paris, M. Depaul related the case of a girl aged eight years, who had, previously to her applying to him, enjoyed good health, became affected, in March, 1845, with a severe pain in the left side of the lower jaw, the pain being apparently due to decay of the two first temporary molar teeth. The pain shortly afterwards subsided, but was reproduced soon after the cessation of a slight eruption of scarlatina. A swelling then showed itself in the lower jaw, and was followed by an abscess which opened in the mouth at first, and created, a little later, ulceration beneath the angle of the maxilla. The abundance of suppuration weakened the patient considerably, and hectic fever and nocturnal perspirations also contributed to the impoverishment of her constitution. Under those circumstances, M. Depaul's attendance was requested, and he found, on examination, (July 29,) that a loose fragment of denuded bone could be distinctly felt with a probe through the cutaneous ulcer, and with the extremity of the little finger introduced into the orifice situated within the mouth. Having slightly enlarged the inner opening of the abscess, M. Depaul removed a dead fragment which had formed the angle of the jaw, the greater part of its ramus, and one-third at least of its body. The necrosed structure contained a tooth belonging to second dentition. Since the operation the condition of the patient is very much improved, the febrile symptoms have disappeared, and the orifice of the abscess secretes no more pus.

A Case of Tetanus Successfully Treated.—Mr. Pushaw states in the *Lancet*, that he was consulted by a patient who was laboring under a slight stiffness of the neck; had pain and difficulty on moving his head, legs, &c. I inquired if he had sustained any injury. He said he had not. Ordered a smart purgative of calomel and jalap, a warm bath for twenty minutes, and an antispasmodic mixture of sulphuric ether and tincture of opium. Towards evening the rigidity of the muscles of the head and neck increased, attended with difficulty in swallowing, tightness about the chest, and inability to move the jaw; the teeth were firmly set, almost every muscle

quite rigid, and the spine bent into an arch, leaving no doubt as to the nature of the case. The boy still denied having received any injury. Ordered the spine to be well rubbed with a strong liniment, and the warm bath to be repeated. Next day the boy told me that, on the previous Saturday, (18th Oct.) while stooping at play, a person struck him with a stick over the loins. He did not seem to have felt it much at the first, but the following day said that he felt as if unable to move his legs. Examined the spine, no mark of any injury, but he complained of a slight tenderness over the lumbar region of the spine. Ordered nine ounces of blood to be removed by the cupping-glass from the spot where he seemed to feel most pain. No relief. Next day ordered a dozen leeches to the same place, and a large blister along the spine. The symptoms not relieved. The warm bath as before. Unloaded the lower bowels by a saline enema, and gave an opiate. Next day to administer two grains of calomel every three hours, with a view to affect the mouth; continued for forty-eight hours, and, although aided by the copious use of strong mercurial ointment rubbed in inside the thighs, failed in producing the desired effect. Leeches again to the spine. Acted on the bowels by a dose of croton oil, and then administered the oil of turpentine by the mouth, and as an enema. After a due trial this failed. Ordered a blister to the lumbar region of the spine, and two grains of the muriate of morphia to be sprinkled over the blistered surface, and gave the solution in large doses, and at short intervals, but without the least benefit. Several medical friends attended with me, and the above means were persevered in for three weeks. The patient was rapidly sinking from want of nourishment, &c. A physician, who had seen the case, kindly sent me *THE LANCET*, of 22d March, 1845, in which there is a case recorded by J. W. Stapleton, Esq., "On the Administration of Intoxicating doses of Alcohol in Tetanus;" but the result not being favorable, I declined this mode of treatment. I had thought of the Indian hemp, but the conclusions of Dr. Lawrie, of Glasgow, after having tried it in twenty-six cases, gave me little confidence in it.

I was, however, inclined to try belladonna, or arnica, when the friends desired a consultation with a French physician. He advised a trial of the hydropathic treatment. Many difficulties presented. The patient was at a distance from my house; I could not receive him there, nor had I liberty to treat him at the public hospital, and the system, to be fairly tried, required more favorable circumstances than those in which the boy was placed. However, I at once enveloped him in a linen sheet, well wrung out of cold water. Over this I placed three or four good blankets, &c., so as to exclude the air, and prevent evaporation. Kept the patient in this condition for an hour, by which time the temperature of the sheet was 100° Fahr. The coverings were removed, and the patient plunged into a cold bath, rubbed quite dry, and enveloped in dry blankets for six hours, during which time he perspired very freely, and slept soundly, and said he "felt quite *slack*." Re-

peated the cold bath while in a state of profuse perspiration, and, after an interval of an hour, the wet sheet and subsequent cold bath. This was repeated every six hours, and after twenty-four hours, the jaw relaxed a little, and the spine became less bent. I now placed him under the douche for three minutes, the water falling from a height of twenty feet, and in a stream of one inch and a half diameter. Dried and enveloped in the blankets as before. Able to open the mouth a little. Ordered the sheet and cold bath as before, and ten days from the commencement of the treatment, every symptom yielded, and the boy is now quite well. It cannot be said that "cold water" is a new remedy in such cases, for Dr. Cullen, in his "First Lines of the Practice of Physic," published in 1796, p. 341, observes, "The administration of it is sometimes by bathing the person in the sea, or, more frequently, by throwing cold water from a bason or bucket upon the patient's body, over the whole of it. When this is done, the body is carefully wiped dry, wrapped in blankets, and laid in bed, and, at the same time, an opiate is given, and, by repeating this, the patient is often quickly cured." Believing the douche to be a decided improvement on the bucket of water, and the wet sheet on the opiate, (for its effects are most soothing,) I would crave for this case a corner in your valuable journal. My medical friend, who sent me *THE LANCET* containing Mr. Stapleton's case, observed, that in such diseases, every contribution is valuable. With this thought, I enclose it to you.

Necrosis, &c., from the Pressure of the Dens Sapientie.—M. Monod, at a meeting of the Academy of Sciences, related some curious cases of this disease, which had come under his care, one of which arose from the pressure of the wisdom tooth on the root of the second molar, occasioned much inconvenience and suffering. A gentleman became deaf in both ears without any evident cause; at the same time he complained of severe rheumatic pains in both rami of the maxilla. No tooth was decayed, but the localisation of the pain in the vicinity of the second molar induced M. Monod to remove it. After the operation, the symptoms immediately disappeared. On examination of the fangs of the extracted tooth, they were found to be worn and dovetailed by the pressure of the wisdom tooth.

A man, aged 80, whose teeth had all fallen away, presented, near the angle of the maxilla, a fistulous opening, kept open by the presence of necrosis. On examination of the mouth, a tumefaction was noticed in an alveola: the part was carefully probed, a tooth was discovered and extracted, and the fistula closed; it was the wisdom tooth.—M. Guersant: A girl, *ætat.* 16, was brought to M. Guersant, with a fistulous opening in the anterior region of the neck, the consequence of an abscess. On examining the teeth, he found that one of the inferior canine teeth was discolored, and that he could introduce a probe between the tooth and the alveola: the tooth

was removed and the fistula cured without delay. M. Chassaignac remarked that in preparing the lymphatics of the head and neck in young subjects, he had often met with an anatomical change of structure, of some interest to the present debate. The tooth examined in the alveola presents no alteration; but the maxilla being completely denuded, is found perforated with several small holes in the neighborhood of the root of the tooth. If this diseased lamina of bone be removed, the fang of the tooth is generally found diseased and surrounded with pus. This intra-alveolar caries must often escape observation during life, and is, doubtless, in many instances, the cause of the enlargement of the maxillary glands, and of certain purulent collections of the same region.

On Necrosis of the Jaw Bones.—At a recent meeting of the Medical Society of Nuremberg, Dr. Heifelder spoke on necrosis of the jaw, first mentioned by Dr. Lorinser, of Vienna, and lately occurring in Vienna and Nuremberg, among individuals employed in the manufacture of matches, and attributable to the inhalations of phosphoric vapors. Drs. Sicherer and Blumhardt then stated that similar cases had fallen under their notice in Ludwigsburg and Stuttgart, especially in the latter place, in children. Professor Dietz remarked, that up to this time the disease had been found to affect only the female workers of one and the same manufactory. Much had been ascribed to the influence of the workshop, through which an excessive draft of air passed, and the laborers, on account of the high temperature maintained, wore very light clothing. Similar cases, however, have since been noticed in other places, and it appears probable that the disease arose from the phosphorous vapors with which these localities are impregnated. This opinion seems the more likely, as many patients had not been exposed to the influence of the chloride of potassium, (chlorate of potassa.) It cannot be overlooked, however, that during the time the manufactory of Nuremberg has employed phosphorus free from arsenic, the number of patients has become less. Professor Fuchs remarked, that arsenical vapors are by far less injurious to health than has been hitherto supposed. This is proved in the case of the mines in the Hartz mountains. Professor Scherer objected to allot any share in the production of the above disease to arsenic, as it is not so volatile as phosphorus. The president said that the effect of arsenic is frequently seen gradually to disappear. Dr. Roser had observed a similar evil affecting male individuals. This discussion having been brought to a close, Professor Dietz and Dr. Geist introduced three patients who had been under their treatment. These cases were the more interesting as, in two of them, the disease was in its first stage; and several specimens of the lower jawbone, partly extracted by an operation, and partly removed after death, were well adapted, by their pathological changes, to show the termination of the disease.

Diseases of the Tongue.—Mr. Lawrence observes that the most frequent forms of disease in the tongue are ulceration, generally superficial, sometimes more deeply seated; swelling and thickening of the mucous membrane; swelling and induration of the substance of the organ. Ulceration often exists in conjunction with swelling of the mucous membrane, and with induration of the lingual substance. The more formidable diseases of the tongue are syphilitic or cancerous; the former being by far the most numerous. Disorder of the digestive organs is sometimes the source of the mischief, giving rise to affections, which are usually superficial, but sometimes of more serious character.

Several cases of these diseases, are related in the course of his lectures. The first is one of circumscribed swelling and induration, with deep ulcerated fissure. The patient was a married woman, twenty-six years of age, and her previous history, although she denied having had syphilis, yet presents several suspicious circumstances, such as an eruption over the body, simultaneously with ulcerated sore-throat, and repeated relapses of the lingual disease. When admitted into the hospital there was a circumscribed swelling of oval shape, the size of a large filbert, on the right side of the tongue: it was of pink color, firm, but less hard than scirrhus. In its long axis and whole length, there was a deep ulcerated fissure, the edges of which were irregular but not everted, and the surface was not foul. It did not cause much pain, and there was no affection of the lymphatic glands. The treatment consisted of the exhibition of mild mercurials internally, and the use of an alum wash to the mouth. The patient was discharged four weeks after her admission, the swelling and induration having nearly disappeared, and the ulceration being cicatrised. In the next case, that of an unhealthy looking girl, there was a circular excavated ulcer, the size of a shilling, on the dorsum of the tongue. It had a greyish surface, with raised edges, and considerably indurated basis. The disease commenced with a hard patch on the tongue, in the situation of the ulcer. The girl strongly denied any possibility of syphilitic taint, and did not present any symptoms of that disease, notwithstanding which, the disease is classed among the syphilitic affections. She was discharged cured in about a month. The treatment consisted of the internal exhibition of hydrargyrum cum creta, with sarsaparilla.

The third case was clearly shown by the history, symptoms, and treatment, to be syphilitic. The man had on the right side of the tongue, a rough ulcerated surface with everted edge, the size of a shilling, and at the posterior part of the tongue, on the same side, the mucous membrane, over a space the size of a shilling, presented a smooth red surface, free from papillæ, in the centre of which there was a deep foul ulcer, with yellow surface, and hard circumference. The internal use of the hydrargyrum cum creta, in small doses, three time a-day, removed the hardness in a few days, and at the next report, twelve days afterwards, the ulcerations were nearly cicatrised. The patient then left the hospital.

The fourth case is one of phagedenic ulceration of the tongue and gums, and also of the trunk and legs, the result of the absorption of the venereal virus, eight years previously. The general health was much reduced. The hydriodate of potash, with sarsaparilla, was used for the first fortnight, when quinine was substituted for it. The local applications were the yellow lotion and poultices, to the sores, and the linimentum æruginis to the tongue and gums. The man had also meat diet and porter; at the end of six weeks, the ulcers on the body were healed, and the tongue and gums were quite well. He was then made an out-patient.

In the fifth case there was a phagedenic ulcer of the right eye-brow, with a large ulcer on the tongue, and enlargement and induration of both testes, with effusion of fluid into the left tunica vaginalis. The patient was treated by iodide of potassium in decoction of sarsaparilla, and afterwards with mild mercurial preparations. At the end of nine weeks, he was discharged, the ulcers being soundly cicatrised, the tongue free from pain and moveable, and the testes their natural size and much softer.

The sixth and seventh cases, instances of syphilitic ulcerated fissure, clearly indicate the advantage of a mercurial treatment. The eighth case as clearly demonstrates the utility of a mercurial course, in enlargement and induration of the tongue. The case was one of constitutional syphilis. Mr. Lawrence remarks that these cases do not exemplify the most common form of the disease, when of syphilitic origin. We see more frequently ulcerations, generally of small size, along the edges of the tongue, sometimes with greyish surface, superficial or a little excavated, sometimes with slightly raised edge. Not uncommonly, there is a thickened, raised and fissured state of the mucous membrane, sometimes combined with superficial or deeper ulceration. This thickened mucous membrane, may be either redder than natural, or paler; in the latter case, the epithelium is thickened and opaque. The dorsum of the tongue sometimes presents red patches, in which the mucous membrane is denuded of its epithelium, but is perfectly smooth, and not ulcerated. These may continue for a long while, getting better and worse, particularly if neglected. These diseased appearances are occasionally combined in the same case. In one instance in which Mr. Lawrence was consulted, and where there was decided evidence of a syphilitic cause, the surface of the organ, in its middle portion, and over more than half its extent, the dorsum and edges being included, was smooth, the epithelium being white and opaque, as if this part had been ulcerated, and partly having a raw appearance. There were three or four superficial ulcers, with grey surface, at the edges and tip, and small superficial ulcerations of the lips, with chaps at the angles of the mouth. In this case, the iodide of potassium had always done good, but whenever it was left off, the disease relapsed. Small doses of the hydrargyrum cum creta, exhibited until severe ptyalism had been produced, effected a cure. The beneficial influence of mercury on ulcers of the tongue, mouth, and throat,

has always appeared to Mr. Lawrence, to afford the most unequivocal evidence of its peculiar antisypilitic virtues; for while the sound mucous membrane is inflamed and ulcerated by the action of the remedy, the contiguous venereal ulceration, is seen to be altered in character, and healing rapidly. The enlargement and induration of the tongue, is a much less common form of the disease. Mr. Lawrence has always found it give way satisfactorily, to the use of mercury, and he gives several cases, additional to the eighth, already mentioned, in illustration. In the most severe of these he can only report a decided improvement in the state of the tongue, as he is unacquainted with its subsequent progress.

The patient was twenty-five years of age. The right half of the tongue was enlarged so considerably, as to impede articulation, the swelling beginning at the back, and extending nearly to the apex; it was also indurated, but less so than in scirrhus. The morbid change embraced both the mucous membrane, and the muscular substance, extending nearly throughout the entire thickness of the organ. The surface was red and slightly tuberculated, presenting three or four superficial ulcerations on the more prominent points. In front of the indurated mass, and near to the apex of the organ, there was a separate lump, the size of a horsebean, with a small ulcer on the surface. The disease extended to the middle line of the tongue; the very margin of the organ, constituting the outward boundary of the enlargement, was healthy. There was no other affection of the mouth or throat. The history of the case showed the disease to be syphilitic, and the treatment was managed accordingly. When the mouth was much affected, the state of the tongue, as already stated, had decidedly improved.—*Abridged from the Medical Gazette.*

Fungoid Tumor of the Lower Jaw.—A case of this disease, is reported in the *Provincial Medical and Surgical Journal*, from the practice of Mr. Greenhow, at the Newcastle Infirmary. The patient was a farmer, sixty-two years of age, who was admitted with a large fungoid tumor on the left side of the face and neck, extending from the chin in front, to the angle of the jaw behind, and above from near the zygoma down to the thyroid cartilage, projecting very high externally, and being found with a lobulated surface in the mouth; it had an unhealthy livid appearance, especially at its centre, where there was an opening made by the puncture of a lancet two months before, out of which issued an abundant discharge of bloody sanies; the skin was adherent to the tumor for a considerable distance around the ulcer, but at other parts was free and healthy; the tumor had an irregularly soft elastic feel, was moveable at that part which was situated above the jaw, but the other portion was adherent to the lower part of the jaw, and to the structures below it, by firm and immovable bands. The disease was apparently produced by a blow received on the part five months

previously. The man was very much out of health, and the disease rapidly making progress. The operation of extirpation of the tumor was attempted, and partially practised; but owing to its great extent, and its connexion with the important parts in the neck, it was not completely removed. The man, however, did well after the operation, and left the infirmary much improved in health. There is, however, every reason to fear that a relapse will occur, and terminate fatally. The heterologous production consisted of vascular cerebriform matter.

Aneurism of the Coronary Artery, of the Lower Lip.—A pregnant woman, aged twenty-three, presented a tumor of the size of a hazel-nut at the right side of the lower lip. The disease had lasted for some time, when it ulcerated by the pressure of the teeth; hemorrhage was the immediate consequence, and was suppressed by compression of the coronary artery. The tumor which had, up to the period of ulceration been the seat of pulsations isochronous with the pulse, ceased to beat; and its further progress was completely arrested, spontaneous cicatrisation having taking place. The reporter observed that this case, as well as the two others, proved a fact which had already, from experience, received abundant demonstration, viz. that aneurism is occasionally susceptible of spontaneous cure, but could not be considered as an argument against the prudent practice of tying the diseased vessel.—*Abridged from the Gazette Medicale.*

Bibliographical Notices.

Nouveaux Eléments Complets de la Science, et de L'Art Du Dentiste, Par (M.) DESIRABODE, Chirurgien Dentiste Du Roi, et SES FILS, Docteurs en Médecine; Suivis D'Une Notice Historique et Chronologique des Travaux Imprimés Sur L'Art Du Dentiste Depuis Hippocrate Jusqu' A Nous, &c. &c. Deuxième Edition, pp. 839, 8vo. Paris, 1845.

Complete Elements of the Science and Art of the Dentist, followed by an Historical and Chronological Notice of works published on the Dental Art, from the time of Hippocrates, &c. &c. By M. DESIRABODE, Surgeon Dentist to the King, assisted by his Sons: Second Edition, pp. 839, 8vo. Paris, 1845.

We have not had time, since the receipt of the above named work, to give it a careful and attentive perusal, but from the parts of it which we

have read, we feel warranted in pronouncing it a book of real merit. Its scope is as extensive as any other French treatise upon the same subject; and, while it contains much of the practical details of the profession, it, at the same time, treats to some considerable extent, on the physiology and pathology of the dental organism. The work comes to us, too, with a mark of approbation, which has seldom, if ever before, been bestowed upon a publication of this kind—it having been adopted, by ministerial ordinance, rendered upon the Report of the Royal Council of Public Instruction, for the Schools of Medicine and Pharmacy in France, as well as for the Hospitals of the Ports and Colonies of France, upon the Report of the Inspector General of the Marine Service of Health.

M. Desirabode, has long enjoyed a high reputation for skill as a practitioner of dental surgery, and although we are not so familiar with the professional reputation and abilities of his sons, we doubt not, from the thorough medico-dental education which they have received, they are well qualified for the part of the task, which was imposed upon them, in the preparation of the work under consideration.

The diseases of the dental organism, very properly occupy the most prominent place in the work, and from the nature of these, rather than from experience, they deduce the remedial indications. In this, M. M. Desirabode are correct, and it is only by perusing the same plan, that dental surgery can be elevated to a level with the other branches of the curative art, and practice, based upon a thorough knowledge of pathology, has always been proven by experience to be correct. But experience alone, is not a safe nor an infallible guide, for the same results are not always obtained from the same practice. These are influenced by a thousand peculiarities and circumstances, which can only be properly understood by those who have made the nature and causes of disease a study.

The work is divided into two parts. The first treats of Anatomy, Physiology, Hygiene, Orthopedie and Therapeutics. The second part is devoted to the practical details of the art.

If time permitted, we should like to go into a critical analysis of the work, but for want of which, we must content ourself with a brief notice of some one or two of the subjects, embraced in it.

In the first place, then, we will notice his views with regard to the vitality of the teeth, which some very able writers deny, attributing the sensibility which they so frequently manifest, to the transmission of the impression to the pulp. M. Desirabode maintains the converse of this doctrine, and in support of the correctness of his opinion, he adduces the following experiment. He took a recently extracted sound tooth, introduced into its cavity a piece of wood dipped in blue turnsole, and then applied to its crown, by means of a camel hair pencil, an acid. Now he argues, and we believe with reason, if the peculiar sensation which usually results from the application of acids to the teeth, depended on the action of the acid on the dental pulp, which im-

mediately imbibes all the osseous part, this action would evidently have exerted itself on the blue color, with which the canal had been filled, and turned it red; but he says nothing of the sort took place, and that it was a long time before this color was attacked by the acid. He furthermore states, that he has held, immersed in vinegar, for several minutes, the crowns of teeth, whose canals he had previously filled with the syrup of violets, and that the color of the latter, had not been affected by it. From this, he infers, that the sensation must have its seat in parts not so deeply situated as the pulp.

The author's remarks on tooth-ache, are characterised, not only by good sense, but also by a knowledge of the nature and causes of the affection, and if we cannot fully subscribe to all of the views of M. Desirabode, upon this subject, we believe them, for the most part, to be correct.

In treating of the diseases of the gums, the authors describe an affection, which we believe, we were the first to notice.* It consists of an exudation of a purulent secretion, from between the edges of the gums, and necks of the teeth. At the time we wrote our "*Principles and Practice of Dental Surgery*," no mention, that we are aware of, had ever been made by any writer, of this disease.

The several varieties of disease to which the gums are liable, are treated of in the work before us, but we cannot, at present, give even an outline of the authors' views upon the subject.

In the treatment of lesions of the palatine organs, he recommends the employment of a description of obturators, which he thinks are calculated to favor the efforts of nature, for the reparation of the injury. The importance of leaving the parts free to contract, has been suggested by dental practitioners before, and hence the old method of confining obturators, by means of wings, pieces of sponge, &c. &c., were long since abandoned, and the more rational plan of securing them by clasps, fixed to the molar or bicuspid teeth, adopted. But M. Desirabode, not satisfied with leaving the restoration of the parts to the curative operations of the economy alone, he endeavors, while he closes the opening by means of a mechanical appliance, to aid the natural tendency of the aperture to contract, by the employment, in the construction of his artificial obturator, of caoutchouc. The contractility of this agent, we have no doubt, may be made available, in assisting the contraction of the soft parts, but we doubt whether it can be made to effect any salutary change, on the solid tissues, as is supposed by M. Desirabode.

In conclusion, it may be proper to remark, that so far as the plan of this work is concerned, it possesses no claim to novelty, and while as a whole, we regard it as one of the best French works upon dental surgery that has ever been published upon the subject, we do not wish to be understood as considering it faultless, or as containing all which it is necessary for the dentist to know. The work, however, notwithstanding it contains doctrines both

* Vide *Principles and Practice of Dental Surgery*.

theoretical and practical, which we regard as evidently erroneous, possesses such high claims to consideration, we cannot refrain from awarding to the accomplished authors, the high meed of praise, to which we think them so justly entitled. It is well written, and is entitled to a high place in the literature of dental surgery.—*Balt. Ed.*

Réflexions sur les Moyens Employés Jusq'a ce Jour Pour le Redressement des Dents Suivies de la Description, d'un Procédé Nouveau. Par M. P. A. GRANDHOMME, Chirurgien Dentiste, 4to. pp. 20. Paris, 1845.

Reflections on the Means Employed at the present day, for Regulating the Teeth, with a Description of a New Method of Procedure. By M. P. A. GRANDHOMME, Surgeon Dentist, 4to. pp. 20. Paris, 1845.

The above is the title of an Essay, which we have but very recently received, and have not yet had leisure to read it. It is printed on beautiful paper, and in every respect, neatly gotten up.—*Balt. Ed.*

L'Encyclopédie du Dentiste, ou Répertoire Général de Toutes les Connaissances Medico-Chirurgicales sur L'Anatomie et la Pathologie des Dents, sur les Deux Dentitions; Avec Conseils Aux Mères, Aux Nourrices et Aux Gens du Monde, sur les Soins de la Bouche et les Moyens de Conserver les Dents Saines et Bells. Précédé de L'Histoire du Dentiste chez les Anciens. Et Accompagné D'un Traite Complet sur les Dents Artificielles, et principalement sur les Osanores. Par WILLIAM ROGERS, Dentiste, 8vo. pp. 470. Paris, 1845.

Encyclopedia of Dentistry, or General Repertory of all the Medico-Chirurgical knowledge upon the Anatomy and Pathology of the Teeth; the two Dentitions, with advice to mothers, nurses and people generally, on the care of the mouth, and the means for preserving the teeth in health and beauty. Preceded by the History of Dentistry among the Ancients; and accompanied by a complete Treatise on Artificial Teeth, and particularly upon Osanores. By WILLIAM ROGERS, Dentist, 8vo. pp. 470. Paris, 1845.

If this work was, indeed, what it professes to be, it would be an acquisition to the literature of the dental branch of medicine, and if the author, who by-the-by, is an Englishman, intended to make it, what its title proclaims it to be, we can only say that he has wholly failed in the accomplishment of his design. It is any thing else than a repertory of the medico-chirurgical knowledge of dental surgery, or a history of the art among the ancients. Nor is it a complete treatise on artificial teeth, or even upon his vaunted "*Osanores*," a name which the author has given to a description of artificial teeth,

of which he claims to be the inventor, and which he pronounces superior to any other ever employed.

If we were disposed to award to the author of the *Encyclopedia of Dentistry*, any praise, he has rendered such commendation unnecessary, by the profuse manner in which he has bestowed it upon himself. Judging from the extravagant manner in which he compliments his own *unequalled* abilities and wonderful performances, we should be inclined to believe him, at least, a thousand years in advance of the profession, as practised even by the most skilful, except, of course, *by himself*.

The work is characterised by the most fulsome boasting. The triumphs of his own superior system of practice over all others, and the envy of other practitioners, are set forth in a strain of grandiloquence, which, if not amusing, is, at least, well calculated to inspire the reader with the most hearty disgust for the author. We think it a pity that so much good paper should be spoiled with such miserable trash as is contained in the volume before us. Should the author ever acquire a scientific and thorough knowledge of the profession which he professes to love so much, he will doubtless regret ever having sent into the world such a palpable evidence of his ignorance and folly.

The following translation of a passage will enable the reader to form some idea of the author's modesty. In speaking of his *osanores*, he says, "Like all innovators, I had at first to contend against the prejudice of routine; my confreres vehemently opposed *my system*, and I had, for a long time, to sustain violent opposition. I have not lost courage, and sure of the efficacy of my invention, I have triumphed over all obstacles, because good and great things always triumph over error and even jealousy. I have reduced my antagonists to silence, by opposing to their invectives cures which were regarded hopeless, results which pertained to the miraculous. While my means were very simple, I endeavored to imitate nature in repairing disasters caused by the numerous diseases to which the buccal organs are subject."

Again, a little farther on, he says, "I can affirm, with that boldness which a consciousness of having rendered a service to my species inspires, that I have effected a complete revolution in the dental art, which will have its course, and change the character of dental surgery."

Now we should like to tell our readers in what his *great* invention consists; but not being able to find out, from any description he has given of it, we are unable to do so. The only clue to it which we can obtain from the work, is derived from the circumstance which he mentions, near the conclusion of the book, that induced him to give to it the name *osanores*. It was because the teeth were retained in the mouth without the aid of ligatures, clasps or gold wire, and from this it would seem that it consists in the application of artificial teeth upon what is termed the atmospheric pressure or suction principle, which has been practiced in this country and many parts of Europe for a number of years.—*Ball. Ed.*

A Treatise on Artificial Teeth and Palates, and their importance and cure of Dyspepsia, &c. By HORATIO PASS, Surgeon Dentist, Lecturer on Anatomy and Physiology of the Teeth; 16mo, pp. 98. London, Churchill, 1846.

The above work is a new compilation of a variety of sentences by able authors, *tacked* together and intended, we presume, to explain, more elaborately, the author's diurnal advertisement, in the English press, on his recently discovered *secret* odontalgic remedies. R.

Illinois Medical and Surgical Journal.—This periodical has been enlarged. It is now published every other month, simultaneously in Chicago, Ill. and Indianapolis, Ind. Each No. contains ninety-six pages, we have received the number for April and May, which contains some very interesting articles. It is under the editorial management of Drs. Blaney, Brainard, Herrick and Evans.—*Balt. Ed.*

Western Lancet.—The May Number of the Western Lancet has come to us in an enlarged form. Hereafter it will be published, bi-monthly, each number containing 132 pages. It is still under the able editorial management, of Prof. Lawson, and is published at Lexington, Ky.—*Balt. Ed.*

An Essay on the Pathology and Treatment of Trismus Nascentium, or Lock-Jaw of Infants. By J. MARION SIMS, M. D., of Montgomery, Ala., pp. 21, 8vo. Philadelphia: Lea & Blanchard, 1846.

The above is a well written and highly interesting pamphlet. It contains some very novel and ingenious views with regard to the pathology and treatment of a very fatal, and, in some parts of the country, quite a common disease, and we regret that we did not receive it in time to give an analysis of the peculiar opinions of the author on the subject. As a surgeon and physician, Dr. Sims enjoys a justly deserved high reputation, and we take this occasion to thank him for the above named essay. The perusal of it has given us much pleasure.—*Balt. Ed.*

Catalogue of the Trustees, Officers and Students of the Indiana Medical College, Session 1845-6.

The Indiana Medical College is in Laporte, and appears, from the above catalogue, to be in a very flourishing condition. It has six professorships. The Faculty is composed of Drs. G. W. Richards, John B. Niles, Moses L. Knapp, Daniel Meeker, A. B. Shipman and Nicholas Hard. There were eighty students in attendance upon the lectures of the session of '45-6.

Miscellaneous Notices.

AMERICAN SOCIETY OF DENTAL SURGEONS.

As this is the last number of the Journal that will be issued previously to the seventh annual meeting of the American Society of Dental Surgeons, we cannot let the opportunity pass, without urging upon the members the importance of being present on that occasion. The meeting will be one of peculiar interest, as business of importance, growing out of the proceedings of the last meeting, will be transacted. It is desirable, therefore, that the attendance of the members should be as general as possible, and, although the sacrifice of time and money, which the more distant members may find it necessary to make, may be considerable, we believe all will be amply compensated in gratification as well as real benefit derived from the interchange of professional views. The meetings heretofore have been well attended, and we hope to see more at the next than have been present at any of the preceding ones, and lest any of the members should fail to receive the notice which it is the duty of the recording secretary to send to each, specifying the time and place at which it is to be held, we would remind all such, should there be any, that it will commence the first Tuesday in August, in New York.

The Society has now been in existence six years, and numbers among its members many of the most talented men and skilful practitioners in the dental profession, both in Europe and America. Indeed, the conditions of membership are such, that none but men of respectable professional attainments can obtain admission. This is as it should be, and if others have at any time been elected to membership, and that some have is very probable, the precautions at present observed by the Society in the admission of applicants, is such as to preclude them for the future. In settling the conditions of membership, the Society, while it has thrown open wide the door of admission to such as are really worthy, has found it necessary to exact the most indisputable evidences of professional ability and moral rectitude, before permitting any to enter, as may be seen by an examination of its constitution and by-laws, published in the fifth volume of the Journal. The character and usefulness of the Society depend upon the strict enforcement of its regulations in regard to this matter.

The beneficial effects, both to the profession and community at large, which have resulted from the formation and existence of this association, are so striking and manifest, as to have been observed and felt, not only throughout the length and breadth of this, but also in other countries. It, in connection with other instrumentalities, and to most of which it has given rise, has given a character and respectability to the profession it never before enjoyed. It has contributed in an eminent degree to elevate the stan-

dard of professional acquirements, as well as to the general adoption of a more scientific and uniform system of practice. It has also awakened a spirit of inquiry and emulation among the widely scattered members of the profession, and sustained a medium of communication through which all new theories and improvements in practice have been made known to such as have been desirous of keeping pace with the progress of the science and art of dental surgery.

But, as useful as the Society has already been, in establishing a uniform and correct system of practice among its members, and in the dissemination of a knowledge of every thing valuable to the dental branch of medicine, it is destined, if prudently and properly conducted, to be still more useful, as it will become the depository of the accumulated experience and practical improvements and discoveries of its members. Membership, therefore, in this Society, should not be lightly prized, but no one should be satisfied with this, without the benefit, to say nothing of gratification, to be derived, of attendance on its annual meetings. There are some who have been members for four, five and even six years, who have not as yet attended a single meeting. We should be glad to see these, as well as those whom we have been accustomed to meet regularly, at the next meeting. We hope they will make it a point to attend, believing they will not regret the expense and loss of time which they may have to incur in doing so.

Balt. Ed.

Surgeon Dentists in Paris.—By a recent decision of the law courts in Paris, it appears that surgeon dentists are not qualified to practice their branch of the profession in France, unless possessed of the diploma of M. D., or at least of that of *officier de santé*. Mr. Rogers, an Englishman, was fined twenty-five francs, by the *tribunal correctionnelle*, for so practicing without a medical qualification, and the *Cour Royale*, after hearing his appeal, decided against him, confirming the previous decision, and cast him in costs.

Salivary Calculus.—The largest accumulation of this substance which we have ever seen upon a single tooth, was presented to us by Dr. Wilkes Allen, of Boston, a graduate of the Baltimore College of Dental Surgery. Its longest diameter is one inch and one-eighth, and its shortest seven-eighths, and it is nearly five-eighths of an inch thick. It is of an irregular oval shape, quite smooth, except on its inner surface, where it had rested against the gum. Embedded in its substance is the entire crown and neck of an inferior *dens sapientiæ*, the tooth upon which it was deposited, and which, in the removal of this, was brought away with it. It is of a light brown color, indicative of a bilious temperament, and weighs two drachms and seventeen grains.

Balt. Ed.

We are also indebted to Dr. E. Noyes, of Baltimore, for another very large specimen of this substance, which had been deposited on an inferior incisor.—*Balt. Ed.*

Singular Deviation in the Growth of a Supernumerary Tooth.—Some very remarkable deviations in the growth of human teeth are recorded by Albinus, Hunter, Waite and other writers, but the most singular one which has ever fallen under our observation, is exhibited in the upper jaw of an adult skull in the museum of the Baltimore College of Dental Surgery. The natural teeth are all well formed and well arranged, but between the extremities of the roots of the upper incisors, in the substance of the jaw, there is a supernumerary tooth, the crown of which points upwards towards the crest of the nasal plates of these bones. The whole tooth is about one inch in length, and the coronal extremity is nearly on a level with the floor of the nasal cavities.

Balt. Ed.

To Delinquents.—It is both disagreeable and troublesome to be under the necessity of calling on delinquents for the amount of their subscriptions, and yet we must either do so, or involve the American Society of Dental Surgeons in debt, or let our printer go unpaid. In the March number of the present volume of the Journal, we sent bills to most of our delinquent subscribers, requesting immediate payment. To this call some responded promptly, but it has been wholly disregarded by the greater number of those who were in arrears. We hope, however, they will not delay the payment of their subscriptions any longer, as we need the money, and their non-compliance with the terms of subscription not only occasions us great inconvenience, but causes us much labor which might otherwise be avoided. We do not believe the delinquency in a single case results from inability, but from thoughtlessness and neglect. We shall expect to hear from all such, immediately after they shall have received the present number of the Journal.

To Correspondents.—A. L. H. is referred to the constitution and by-laws of the American Society of Dental Surgeons, for the information he desires in relation to the requirements of applicants for membership to said Society. We would inform him, however, and all others who may be ignorant of the fact, that he must have three members to vouch for his professional abilities and moral character, or submit to an examination before the board of examiners at an annual meeting. . . . We would willingly publish the article of T. P., condemning the use of amalgams for filling teeth,

subscribing, as we most heartily do, to the correctness of his views; but as the same arguments and facts have been frequently presented and urged before, we do not think it would be productive of any good. If he desires it, we will return him his manuscript. In the mean time, we would refer him to the Syracuse editor's review of Dr. Allen's letter, which he will find embraces many of the points contained in his communication. . . . Dr. B. is informed that we sent the March number of the Journal to him immediately after it was issued, and as it miscarried, we sent him another, agreeably to his request. . . . N. E. is informed that Mr. Abbey has no agency in Baltimore for the sale of his gold foil. His best plan would be to send his orders direct to Mr. A., 22 Pear-st., Phila. . . . Dr. J. C. D's letter, of April 29th, came to hand at the proper time, and his request was promptly complied with. We shall at all times be pleased to hear from him. . . . J. M. and R. H. are referred to advertisement for the information they desire in relation to the Baltimore College of Dental Surgery. The seventh annual announcement has not yet been issued. As soon as it shall be published, we will send each a copy. The lectures in the Ohio College of Dental Surgery will commence the first week in November; but for further information concerning the School, we would refer our correspondents to Professors Taylor, Cook or Rogers, either of whom, we have no doubt, will take pleasure in furnishing every information which they may desire. . . . In reply to the question of B. L., we state that the practice of separating the front teeth with wedges of soft wood or gum elastic, preparatory to filling cavities in their approximal surfaces, is admissible in young persons, and is, in many cases, preferable to separating with a file; but, in persons more advanced, the practice is often productive of very prejudicial consequences.

Balt. Ed.

Obituary.—We are called upon to perform the painful task of announcing the decease of Dr. E. M. HALL, who died at Goldsboro', N. C., on the 24th of May, 1846, in the thirty-first year of his age, of phthisis pulmonalis, after a short illness, in the triumphs of Christian faith. His amiable disposition and gentlemanly deportment had secured for him the friendship and esteem of all who knew him, and his untimely death is a source of deep sorrow to his relatives, and regret to a large circle of friends.

Dr. Hall graduated in the Medical Department of the University of Maryland, in the spring of 1834, and for several years was a successful practitioner of medicine; but his health becoming impaired, he retired from practice, and engaged in the study of dentistry, attended lectures in the Baltimore College of Dental Surgery, and graduated in the spring of 1845. He then engaged in the practice of this department of the curative art, and continued to exercise its duties until a short time previously to his death.

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